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ABSTRACT

This report is the fourth to present nationwide data on the well-being of America's children. The statistical portrait is based on indicators of child well-being such as family income and mortality rates. Part 1 of the report, "Population and Family Characteristics," presents information illustrating the changes that have occurred during the last few decades in six key demographic measures, including children as a proportion of the population, racial and ethnic composition, difficulty speaking English, and child care utilization. Part 2, "Indicators of Children's Well-Being," presents data on 25 key indicators in the following areas: (1) Economic Security, including family income, secure parental employment, housing, food security, and access to health care; (2) Health, including activity limitation, immunization rates, and infant, child, and adolescent mortality rates; (3) Behavior and Social Environment, including cigarette smoking, alcohol and illicit drug use, and youth victims and perpetrators of serious violent crimes; (4) Education, including family reading to young children and youth neither enrolled in school nor working; and (5) Special Features, beginning kindergartners' knowledge and skills and youth participation in volunteer activities. For each background measure or indicator, three types of information are presented: reasons the measure or indicator is important to understanding children's well-being, figures showing important facts about trends or population groups, and highlights with information on current status, recent trends, and important population group differences. Additional indicators needed are also noted. Two

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appendices contain detailed data tables and data source descriptions. Among the key findings, the report notes that although the child poverty rate remains similar to that in 1980, the percentage of children experiencing housing problems or food insecurity increased. Child death rates continue to drop. The percentage of children with low birthweight has steadily increased since 1984, probably due to the rising number of multiple births. Teen birth rates are the lowest in 40 years. Heavy drinking among adolescents has remained stable over the past few years. Violent crimes committed by youth have dropped sharply. Preschool enrollment increases have been the largest among children in poverty, children with mothers not in the labor force, and black, non-Hispanic children. The overall high school completion rate declined, especially among Hispanics. (KB)

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Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being 2000

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Forum on Child and Family Statistics

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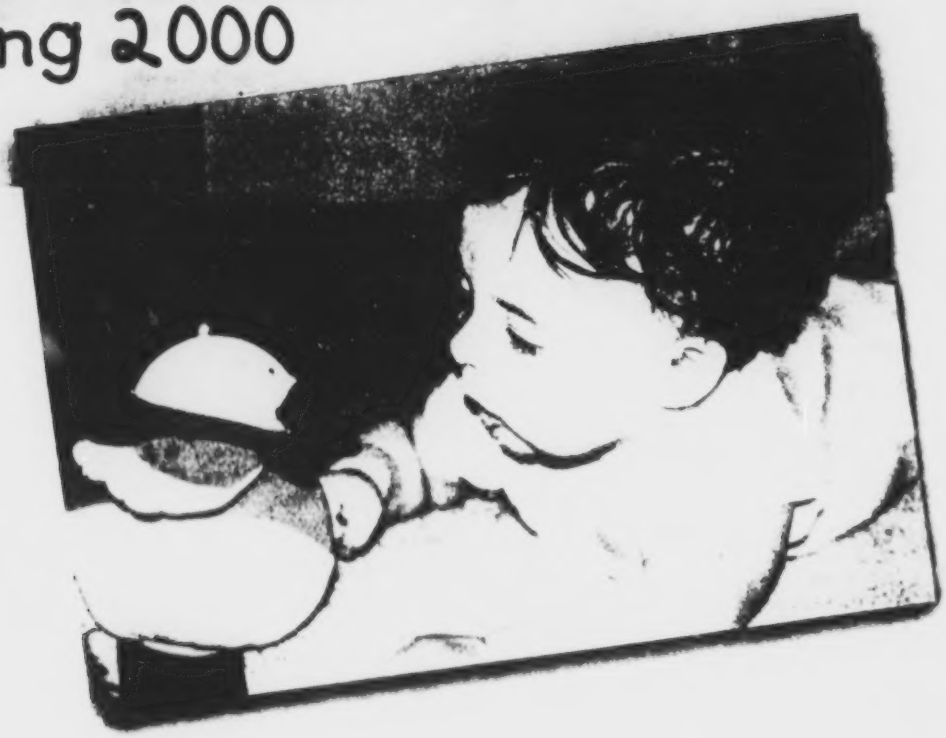

Federal Interagency Forum on Child and Family Statistics

The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established it in April 1997, to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Members of the Forum as of Spring 2000 are listed below.

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Foreword

America's Children: Key National Indicators of Well-Being, 2000 is the fourth report in an annual series prepared by the Interagency Forum on Child and Family Statistics. A collaborative effort by 20 Federal agencies, including two—the Environmental Protection Agency and the National Highway Traffic Safety Administration—that joined the Forum this year, the report is required by President Clinton's Executive Order No. 13045. As in past years, readers will find here an accessible compendium of indicators—drawn from the most recent, most reliable official statistics—illustrative of both the promises and the difficulties confronting our Nation's young people.

This report updates the information presented last year, maintaining comparability with previous volumes while incorporating several improvements. For example, two data gaps that were identified in earlier reports have been addressed by establishing a background indicator to measure child care utilization and providing further details on children's living arrangements. In addition, this year's report includes a new background measure on exposure to air pollution as well as more detailed information on the causes of children's deaths. Special feature indicators this year include measures of children's knowledge and skills at kindergarten entry and youth involvement in volunteer activities.

By recognizing the gaps in our information, *America's Children* challenges Federal statistical agencies to do better. Forum agencies are meeting that challenge. They are undertaking efforts to provide more comprehensive and consistent information on the condition and progress of the Nation's children. Forum agencies will continue working to close critical data gaps, particularly in areas such as disability, the role of fathers in children's lives, and the measurement of positive behaviors associated with improved child development.

In November 1999, the value of the *America's Children* reports and the extraordinary cooperation they represent were lauded by Vice President Gore's National Partnership for Reinventing Government. The efforts of the Forum were recognized for their contributions to the development of Federal, State, and local policies and programs to improve the lives of children and youth. The "Hammer Award," presented to teams of Federal employees and their partners who have made significant contributions that support reinventing government principles, captures the essence of the Forum's innovative, determined spirit to advance our understanding of where our children are today and what may be needed to bring them a better tomorrow.

The Forum agencies should be congratulated once again this year for joining together to address their common goals: developing a truly comprehensive set of indicators on the well-being of America's children and ensuring that this information is readily accessible in both content and format. Their accomplishments reflect the dedication of the Forum agency staff members who coordinate the assessment of data needs, evaluate strategies to make data presentations more consistent, and work together to produce important publications and provide these products on the Forum's website: **http://childstats.gov.** And none of this work would be possible without the continued cooperation of thousands of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies.

We invite you to suggest other ways to enhance this annual portrait of the Nation's most valuable resource: its children. I applaud the Forum's collaborative efforts in producing this fourth annual report and hope that our compendium will continue to be useful in your work.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment and involvement of the members of the Federal Interagency Forum on Child and Family Statistics. It was prepared by the Writing Subcommittee of the Reporting Committee of the Forum. This year, the committee was chaired by Katherine Heck, National Center for Health Statistics. Other committee members included Dawn Aldridge, Food and Nutrition Service; Art Hughes, National Institute on Drug Abuse; Alisa Jenny, National Center for Health Statistics; David Johnson, Bureau of Labor Statistics; Laura Lippman, National Center for Education Statistics; and Kristin Smith, Census Bureau.

The Reporting Committee of the Forum, chaired by Katherine Heck, guided the development of the new indicators. Members of the Reporting Committee not represented on the Writing Subcommittee included Linda Gordon, Immigration and Naturalization Service; Laura Montgomery, Ken Schoendorf, Gloria Simpson, and Barbara Foley Wilson, National Center for Health Statistics; Jeff Evans, National Institute of Child Health and Human Development; Matt Stagner, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Woodie Kessel, Office of Disease Prevention and Health Promotion; Cathy Gotschall, National Highway Traffic Safety Administration; Russ Scarato and Stella Yu, Maternal and Child Health Bureau; Susan Schechter, Office of Management and Budget; Tracey Woodruff, Environmental Protection Agency; and Kathy Nelson, Department of Housing and Urban Development.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Lynne Casper, Joseph Dalaker, Debbie Dove, Jason Fields, Mary Jane Slagle, Greg Spencer, Census Bureau; Michael Rand, Bureau of Justice Statistics; Robert McIntire and Howard Hayghe, Bureau of Labor Statistics; Monina Klevens and Victor Coronado, Centers for Disease Control and Prevention; Mark Lino and Peter Basiotis, Center for Nutrition Policy and Promotion; Gary Bickel, Food and Nutrition Service; Kathryn Chandler, Chris Chapman, and Jerry West, National Center for Education Statistics; Robin Cohen, Cathy Duran, Lois Fingerhut, Donna Hoyert, and Stephanie Ventura, National Center for Health Statistics; and Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention.

Other individuals who assisted with the report included Steve Agbavani and Yupin Bae, Pinkerton Computer Consultants, Inc., and DeeAnn Brimhall, Kristin Denton, and Linda Shafer, Education Statistics Services Institute.

Westat, in support of the National Center for Health Statistics, assisted the committee in producing the report. Janice Kociol coordinated and managed the production of the report and was the initial copy editor. She also assisted the committee. Christine Winquist Nord provided substantive and technical guidance. Other Westat staff members who assisted in preparing the report included Andrea Forsythe, Peggy Hunker, Nancy Vaden-Kiernan, and Amy Van Driessche.

The following additional staff members made valuable contributions in their reviews of the report: Denise Dougherty, Agency for Healthcare Research and Quality; Larry Beasley and Martin O'Connell, Census Bureau; Deborah Klein, Bureau of Labor Statistics; Steven Carlson, Food and Nutrition Service; Michael Kogan, Maternal and Child Health Bureau; Val Plisko, Ellen Bradburn, and Tom Snyder, National Center for Education Statistics; Bill Huleatt, Office of Family Policy, Department of Defense; and Richard Bavier, Office of Management and Budget.

Carole Benson of Westat edited the final version of the report. Design contributions came from Westat Graphics Arts Dept., who designed the cover, produced and updated the report's tables and figures, and updated and laid out the text. The logo was developed by John Jeter of the National Center for Health Statistics. Patty Wilson, National Center for Health Statistics, coordinated the printing of the report. Finally, the National Maternal and Child Health Clearinghouse distributed the report for the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2000 is the fourth annual report to the Nation on the condition of our most precious resource, our children. Included are eight contextual measures that describe the changing population, family characteristics, and context in which children are living and 23 indicators of well-being in the areas of economic security, health, behavior and social environment, and education. This year, two special features are presented, on kindergartners' knowledge and skills and youth participation in volunteer activities.

Part I: Population and Family Characteristics

- In 1999, there were 70.2 million children under age 18 in the United States, or 26 percent of the population, down from a peak of 36 percent at the end of the baby boom (1964). Children are expected to remain a stable percentage of the total population as they are projected to comprise 24 percent of the population in 2020.

- The racial and ethnic diversity of America's children continues to increase. In 1999, 65 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 4 percent were Asian or Pacific Islander; and 1 percent were American Indian or Alaska Native. The number of Hispanic children has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 1999.

- The family structures of children have become more varied. The percentage of children living with one parent increased from 20 percent in 1980 to 27 percent in 1999. Most children living with single parents live with a single mother. However, the proportion of children living with single fathers doubled over this time period, from 2 percent in 1980 to 4 percent in 1999. Some children live with a single parent who has a cohabiting partner: 16 percent of children living with single fathers and 9 percent of children living with single mothers also lived with their parents' partners.

- In 1999, 54 percent of children from birth through third grade received some form of child care on a regular basis from persons other than their parents, up from 51 percent in 1995.

Part II: Indicators of Children's Well-Being

Economic Security Indicators

- The poverty rate for related children dropped from 19 percent in 1997 to 18 percent in 1998. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to 18 percent, a rate comparable to that seen in 1980.

- The percentage of children living with their parents where at least one parent was working full time all year increased slightly in 1998 to 77 percent, from 76 percent in 1997.

- Many children live in households that have housing problems, such as physically inadequate housing, crowded housing, or a high cost burden. The percentage of households with children that have these problems has been increasing since 1978; 36 percent had one or more housing problems in 1997, up from 30 percent in 1978.

- The percentage of children experiencing food insecurity decreased in 1999. However, nearly one-third of children in poverty experienced food insecurity.

- While the percentage of children without health insurance remained steady at 15 percent, the percentage with private insurance increased to 68 percent in 1998.

Health Indicators

- The percentage of children born with low birthweight (less than about 5.5 pounds) or very low birthweight (less than about 3.3 pounds) has steadily increased since 1984. About 7.6 percent of infants were low birthweight, and 1.4 percent were very low birthweight, in 1998. The increase in the proportion of low-birthweight infants is partly due to the rising number of twins and other multiple births.

- Death rates for children continued to drop in 1998. For children ages 1 to 4 and 5 to 14, the death rates were 34 and 20 per 100,000 children in each age group, respectively. The leading cause of death in these age groups was unintentional injuries, with most of these fatal injuries resulting from car crashes. Birth defects, cancer, and homicide were also leading causes of death for children ages 1 to 14.

- Deaths among adolescents ages 15 to 19 also continued to decline. In 1997, the adolescent mortality rate was 75 per 100,000 youth ages 15 to 19. Declines in deaths from firearm injuries between 1994 and 1997 contributed to the overall drop in mortality for adolescents.

- The birth rate for adolescents dropped by more than one-fifth between 1991 and 1998. In 1998, the birth rate for 15- to 17-year-olds was 30 per 1,000 females ages 15 to 17, the lowest it has been in at least 40 years.

Behavior and Social Environment Indicators

- The prevalence of heavy drinking among adolescents has been stable over the past few years. In 1999, 31 percent of 12th-graders, 26 percent of 10th-graders, and 15 percent of 8th-graders reported having five or more drinks in a row at least once during the past 2 weeks.

- Violent crimes committed by young people have dropped sharply. In 1998, the serious violent crime offending rate for youth was 27 crimes per 1,000 adolescents ages 12 to 17, totaling 616,000 such crimes involving juveniles—a drop by more than half from the 1993 high, and the lowest level since data were first collected in 1973.

Education Indicators

- In 1999, 53 percent of children ages 3 to 5 were read to daily by a family member, the same as in 1993 after increasing to 57 percent in 1996.

- Between 1996 and 1999, the percentage of children ages 3 to 5 not yet in kindergarten who were enrolled in early childhood centers rose from 55 to 59 percent. The largest increases were among children living in poverty, children with mothers who were not in the labor force, and black, non-Hispanic children.

- The overall high school completion rate for young adults ages 18 to 24 declined from 86 percent in 1997 to 85 percent in 1998. This decline was most pronounced among Hispanics.

Special Features

- Upon entering kindergarten in 1998, 66 percent of children were able to recognize letters and 29 percent knew the sounds made by letters that begin words—important skills in developing the ability to read.

- Fifty-five percent of high school students participated in volunteer activities in 1999, up from 50 percent in 1996. In 1999, 16 percent of these teens performed 35 or more hours of service throughout the school year.

Summary List of Indicators

Indicator Name	Description of Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change Between Years
Economic Security				
Child poverty and family income	Percentage of related children under age 18 in poverty	19 (1997)	18 (1998)	▼
Secure parental employment	Percentage of children under age 18 living with parents with at least one parent employed full time all year	76 (1997)	77 (1998)	▲
Housing problems	Percentage of households with children under age 18 that report any of three housing problems	36 (1995)	36 (1997)	NS
Food security	Percentage of children under age 18 in households experiencing food insecurity with moderate or severe hunger	4.7 (1998)	3.8 (1999)	▼
	Percentage of children ages 2 to 5 with a good diet	24 (1996)	—	
Access to health care	Percentage of children under age 18 covered by health insurance	85 (1997)	85 (1998)	NS
	Percentage of children under age 18 with no usual source of health care	6 (1996)	7 (1997)	NS
Health				
General health status	Percentage of children under age 18 in very good or excellent health	80 (1996)	81 (1997)	NS
Activity limitation	Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions	8 (1996)	8 (1997)	NS
Childhood immunization	Percentage of children ages 19 to 35 months who received combined series immunization coverage	76 (1997)	79 (1998)	▲
Low birthweight	Percentage of infants weighing less than 5.5 pounds at birth	7.5 (1997)	7.6 (1998)	▲
Infant mortality	Deaths before the first birthday per 1,000 live births	7.2 (1997)	7.2 (1998)	NS
Child mortality	Deaths per 100,000 children ages 1 to 4	36 (1997)	34 (1998)	▼
	Deaths per 100,000 children ages 5 to 14	21 (1997)	20 (1998)	▼
Adolescent mortality	Deaths per 100,000 adolescents ages 15 to 19	79 (1996)	75 (1997)	▼
Adolescent births	Births per 1,000 females ages 15 to 17	32 (1997)	30 (1998)	▼
Behavior and Social Environment				
Regular cigarette smoking	Percentage of 8th-grade students who reported smoking daily in the previous 30 days	9 (1998)	8 (1999)	NS
	Percentage of 10th-grade students who reported smoking daily in the previous 30 days	16 (1998)	16 (1999)	NS
	Percentage of 12th-grade students who reported smoking daily in the previous 30 days	22 (1998)	23 (1999)	NS
Alcohol use	Percentage of 8th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	14 (1998)	15 (1999)	▲

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

Indicator Name	Description of Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change Between Years
Alcohol use (cont.)	Percentage of 10th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	24 (1998)	26 (1999)	NS
	Percentage of 12th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	32 (1998)	31 (1999)	NS
Illicit drug use	Percentage of 8th-grade students who have used illicit drugs in the previous 30 days	12 (1998)	12 (1999)	NS
	Percentage of 10th-grade students who have used illicit drugs in the previous 30 days	22 (1998)	22 (1999)	NS
	Percentage of 12th-grade students who have used illicit drugs in the previous 30 days	26 (1998)	26 (1999)	NS
Youth victims and perpetrators of serious violent crimes	Rate of serious violent crime victimizations per 1,000 youth ages 12 to 17	27 (1997)	25 (1998)	NS
	Serious violent crime offending rate per 1,000 youth ages 12 to 17	31 (1997)	27 (1998)	NS
Education				
Family reading to young children	Percentage of children ages 3 to 5 who are read to every day by a family member	57 (1996)	53 (1999)	▼
Early childhood care and education	Percentage of children ages 3 to 5 who are enrolled in early childhood centers	55 (1996)	59 (1999)	▲
Mathematics and reading achievement (0-500 scale)	Average mathematics scale score of 9-year-olds	231 (1996)	—	
	Average mathematics scale score of 13-year-olds	274 (1996)	—	
	Average mathematics scale score of 17-year-olds	307 (1996)	—	
	Average reading scale score of 9-year-olds	212 (1996)	—	
	Average reading scale score of 13-year-olds	259 (1996)	—	
	Average reading scale score of 17-year-olds	287 (1996)	—	
High school completion	Percentage of young adults ages 18 to 24 who have completed high school	86 (1997)	85 (1998)	▼
Youth neither enrolled in school nor working	Percentage of youth ages 16 to 19 who are neither in school nor working	8 (1998)	8 (1999)	NS
Higher education	Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher	31 (1998)	32 (1999)	NS
Special Features				
Beginning kindergartners' knowledge and skills	Percentage of beginning kindergartners who are proficient in recognizing letters	—	66 (1998)	
	Percentage of beginning kindergartners who often or very often form friendships	—	77(1998)	
	Percentage of beginning kindergartners who often or very often persist at a task	—	71(1998)	
Youth participation in volunteer activities	Percentage of high school students who participated in volunteer activities during the current school year	50 (1996)	55 (1999)	▲

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

About This Report

America's Children: Key National Indicators of Well-Being, 2000, developed by the Federal Interagency Forum on Child and Family Statistics, represents the fourth annual synthesis of information on the status of the Nation's most valuable resource, our children. This report presents 23 key indicators of the well-being of children. These indicators are monitored through official Federal statistics covering children's economic security, health, behavior and social environment, and education. The report also presents data on eight key demographic measures and includes two indicators as special features: children's knowledge and skills at kindergarten entry and youth participation in volunteer activities. The 20 agencies of the Forum have also introduced improvements in the measurement of several of the indicators presented last year.

What is the purpose of this report?

This report provides the Nation with a broad annual summary of national indicators of child well-being and monitors changes in these indicators over time. The Forum hopes that this report also will stimulate discussions by policy-makers and the public, exchanges between the data and policy communities, and improvements in Federal data on children and families.

What is the Federal Interagency Forum on Child and Family Statistics?

The Forum is a formal structure for collaboration among 20 Federal agencies that produce or use statistical data on children and families. The members of the Forum are listed on the back of the cover page. Building on earlier cooperative activities, the Forum was founded in 1994. It was formally established by Executive Order No. 13045 in 1997 to foster the coordination and integration of the collection and reporting of data on children and families. The two major publications produced by the Forum are *America's Children: Key National Indicators of Well-Being* (produced annually since 1997) and *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood* (June 1998). In addition, the Forum undertakes the following activities:

- Developing priorities for improving consistency and enhancing the collection of data on children, youth, and families;
- Improving the reporting and dissemination of information on the status of children and families to the policy community and the general public; and
- Encouraging the production and dissemination of better data on children and families at the State and local levels.

How is the report structured?

America's Children: Key National Indicators of Well-Being, 2000 is intended to present information and data on the well-being of children in a non-technical, user-friendly format. It is designed to complement other more technical or comprehensive reports produced by the Forum agencies. The report is divided into two parts.

The first part of the report, *Population and Family Characteristics*, presents data that illustrate the changes that have taken place during the past few decades in eight key demographic measures. These background measures provide an important context for understanding the key indicators and the child population. They also provide basic information about children in the United States, as well as the socio-demographic changes that are occurring in the child population. These data series answer questions such as: How many children are there in the United States? What proportion of the population are children? How racially and ethnically diverse are our children? How many have difficulty speaking English? What types of families do they live in? What is the quality of the environment they live in?

The second part, *Indicators of Children's Well-Being*, contains data on key indicators, or measures, of how well we are doing in providing economic security, educational opportunity, and a healthy and safe environment in which children can play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data in Part II offer insight into how well children are faring by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

The economic security indicators document poverty and income among children and the accessibility of basic necessities such as food, housing, and health care. The health indicators document the physical health and well-being of children by presenting information on their general health status, immunization coverage, and their likelihood, at various ages, to die. The behavioral and social environment indicators present information about young people's participation in illegal, dangerous, or high-risk behaviors, such as smoking, drinking alcohol, using illicit drugs, or engaging in serious violent crimes. Finally, the education indicators examine how

well we are succeeding in educating our children. They include measures that capture preschoolers' exposure to reading and early education, measures of student achievement, and indicators of how many young adults complete high school and college.

For each background measure in *Part I: Population and Family Characteristics*, and each indicator in *Part II: Indicators of Children's Well-Being*, three types of information are presented:

- A *short statement* about why the measure or indicator is important to the understanding of the condition of children;
- *Figures* showing important facts about trends or population groups; and
- *Highlights* with information on the current status, recent trends, and important differences by population groups noted.

In addition, *Appendix A: Detailed Tables* contains tabulated data for each measure and additional detail not discussed in the main body of the report. *Appendix B: Data Source Descriptions* contains descriptions of the sources and surveys used to generate the indicators.

Why are two indicators called special features?

At the end of Part II, *America's Children: Key National Indicators of Well-Being, 2000* presents data on two "special features." The special features are a regular component of *America's Children*, presenting data that are not available with sufficient frequency to be considered as a regular key indicator, but nevertheless provide important information on child well-being. This year's special features focus on beginning kindergartners' knowledge and skills, and youth participation in volunteer activities.

How has the report changed since last year?

America's Children: Key National Indicators of Well-Being, 2000 is similar to last year's report in both format and content. While most of the indicators presented last year are included and updated, the Forum has worked to improve the report in a number of important ways. Some changes reflect improvements in the availability of data for certain key indicators. Some changes clarify the concept being measured or expand the indicator substantively. There are two new background measures (Child Care and Children's Environments) and two new special features in the report (Beginning Kindergartners' Knowledge and Skills, and Youth Participation in Volunteer Activities). Adequate trend information for early childhood education has allowed for the consolidation of two measures on this topic. All the changes reflect the many helpful comments and suggestions for improvements that were received from readers and users of the previous reports.

How were the key indicators selected?

America's Children: Key National Indicators of Well-Being, 2000 presents a selected set of key indicators that measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The Forum chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policy-making community, foundations, academic researchers, and State and local children's service providers. These indicators were chosen because they are:

- *Easy to understand* by broad audiences;
- *Objectively based* on substantial research connecting them to child well-being and based on reliable data;
- *Balanced* so that no single area of children's lives dominates the report;
- *Measured regularly* so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

What groups of children are included in this report?

In order to convey a comprehensive understanding of child well-being, the report looks at the status of all children under age 18 living in the United States. A few indicators provide data on older youth and young adults (persons ages 18 to 24 years). In most cases throughout the report, the word "children" refers to any person under age 18 living in a civilian or noninstitutionalized setting in the United States. When data are being presented only for specific age groups, this is indicated in the text (e.g., children ages 1 to 4). As is also noted in the text, some indicators examine only particular groups of children (e.g., children living in family settings, children living with parents, children in certain age groups or grade levels). For most of the indicators, the relevant information has been reported by an adult in the household or family and not directly by the children.

In many cases, we have also presented the data on children by race and Hispanic origin. In most cases,.. Hispanics have been separated from the white and black categories and "non-Hispanic" will follow the race designation, as in "white, non-Hispanic." In some cases, data for Hispanics were not available. In these

cases, data for race groups (white, black, American Indian/Alaska Native, Asian/Pacific Islander) include Hispanics.

What are the sources for the data in this report?

Data for the key indicators are drawn primarily from national surveys and from vital records. Federal agencies regularly survey the population on many issues. Some national surveys use interviewers to gather information on children through a variety of methods, including speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Other national surveys are questionnaires distributed directly to youth to measure certain practices and behaviors. In addition, some national data collection efforts directly assess students by giving them tests or by asking them to perform certain tasks, such as identifying sounds and letters. Federal agencies also collect information on births and deaths from State health departments. These nationally representative surveys, along with data collected through vital statistics, provide the best available measures of the condition of U.S. children. Although there are important areas of children's lives where administrative data from local social service agencies often are available, such measures were not included in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints. Further information on data sources for this report is provided in *Appendix B: Data Source Descriptions*.

In the textual presentation of data for this report, percentages and rates were, as a rule, rounded to the nearest whole number (unless the data are from vital statistics or rounding would mask significant differences). The text discusses changes over time or between-group differences only when the differences are statistically significant.

What other data are needed?

America's Children: Key National Indicators of Well-Being, 2000 points to critical gaps in the coverage and timeliness of the Nation's information on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children's lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policy-makers and the public.

At the end of *Part I: Population and Family Characteristics* and at the end of each section in *Part II: Indicators of Children's Well-Being*, the report presents a description of data and measures of child well-being in need of development. These lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as homelessness, long-term poverty, mental health, disability, neighborhood environment, and early childhood development. In some of these areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures but they are not yet available on a regular basis for monitoring purposes.

Where can I get more information about the indicators?

There are several good places to obtain additional information on each of the indicators found in this report. First, for many of the indicators, *Appendix A: Detailed Tables* contains additional detail not discussed in the main body of the report. For example, some tables show additional breakouts by gender, race, and Hispanic origin or another category. Second, *Appendix B: Data Source Descriptions* contains information and descriptions of the sources and surveys used to generate the indicators as well as information on how to contact the agency responsible for collecting the data or administering the relevant survey. Third, numerous publications of the Federal statistical agencies provide additional detail on each of the key indicators included in this report, as well as on scores of other indicators. These reports include *Trends in the Well-Being of America's Children and Youth*, published annually by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services; *Youth Indicators*, published biennially by the National Center for Education Statistics; and *Health, United States*, published annually by the National Center for Health Statistics, Centers for Disease Control and Prevention. Often these compendia contain additional details not reported in *America's Children*. *Appendix B: Data Source Descriptions* also contains a list of agency contacts who can provide further information on the relevant surveys and indicators.

Can I find this report on the Internet?

The report can be found on the World Wide Web at **http://childstats.gov**. The website version of the report contains data for earlier years that are presented in the figures but not in the tables in this report. The Forum's website also contains information on the overall structure and organization of the Forum, as well as other reports, and news on current activities. Also found on the website are links to related reports

of Forum agencies and other organizations providing more detailed data. The website addresses of the Forum agencies are as follows:

Agency Websites

Department of Agriculture
- **Food and Nutrition Service:** http://www.fns.usda.gov

Department of Commerce
- **Census Bureau:** http://www.census.gov

Department of Defense
- **Office of the Deputy Assistant Secretary of Defense (Personnel Support, Families and Education):** http://mfrc.calib.com

Department of Education
- **National Center for Education Statistics:** http://www.nces.ed.gov

Department of Health and Human Services
- **Administration for Children and Families:** http://www.acf.dhhs.gov
- **Agency for Healthcare Research and Quality:** http://www.ahrq.gov
- **Maternal and Child Health Bureau:** http://www.mchb.hrsa.gov
- **National Center for Health Statistics:** http://www.cdc.gov/nchs
- **National Institute of Child Health and Human Development:** http://www.nichd.nih.gov
- **Office of the Assistant Secretary for Planning and Evaluation:** http://aspe.os.dhhs.gov

Department of Housing and Urban Development
- **Office of Policy Development and Research:** http://www.huduser.org

Department of Justice
- **Bureau of Justice Statistics:** http://www.ojp.usdoj.gov/bjs
- **National Institute of Justice:** http://www.ojp.usdoj.gov/nij
- **Office of Juvenile Justice and Delinquency Prevention:** http://www.ojjdp.ncjrs.org

Department of Labor
- **Bureau of Labor Statistics:** http://www.bls.gov
- **Women's Bureau:** http://www.dol.gov/dol/wb

Department of Transportation
- **National Highway Traffic Safety Administration:** http://www.nhtsa.dot.gov

Environmental Protection Agency
- **Office of Children's Health Protection:** http://www.epa.gov/children

National Science Foundation
- **Division of Science Resources Studies:** http://www.nsf.gov/sbe/srs

Office of Management and Budget
- **Statistical Policy Office:** http://www.whitehouse.gov/omb

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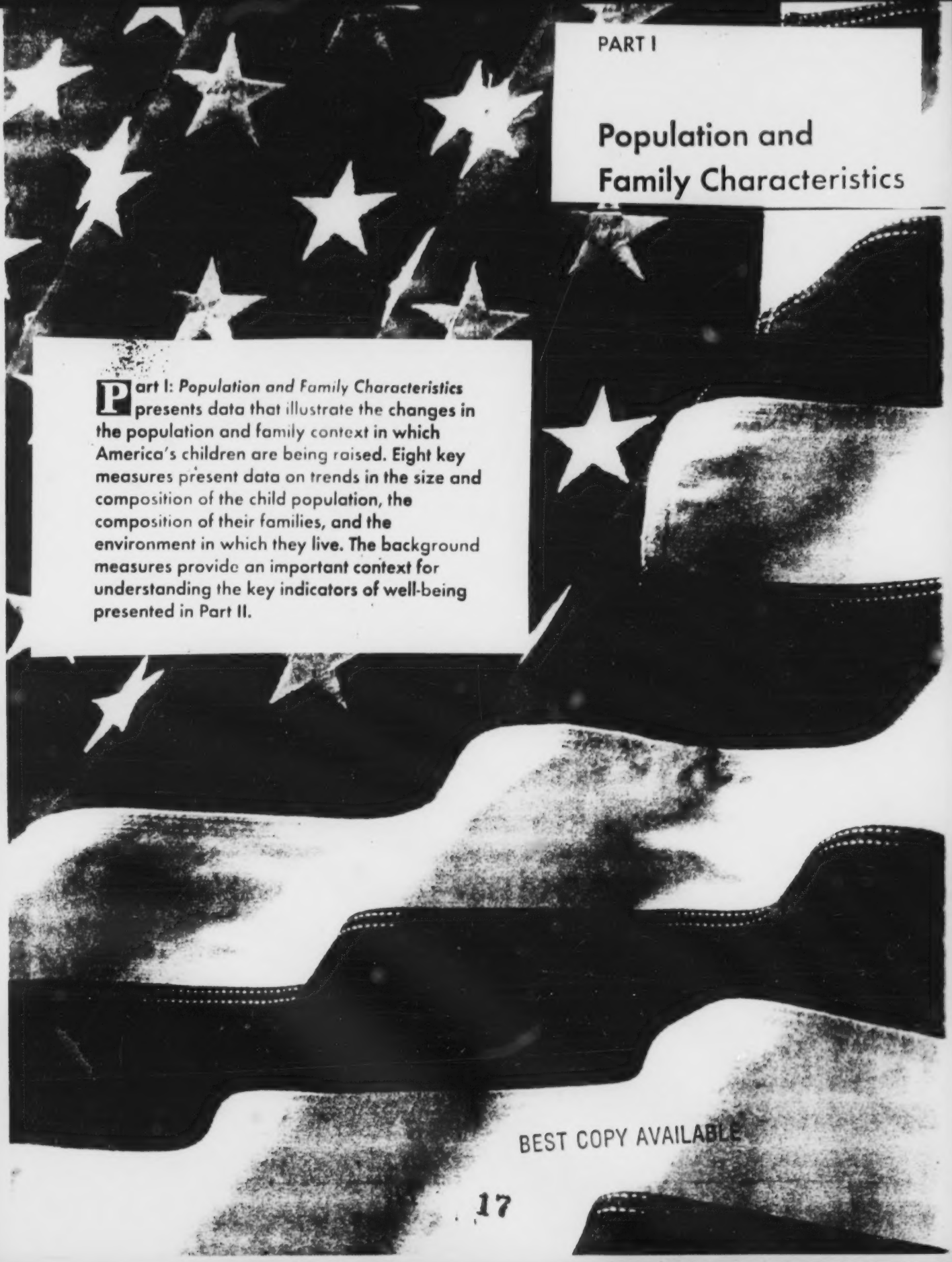

PART I

Population and Family Characteristics

Part I: *Population and Family Characteristics* presents data that illustrate the changes in the population and family context in which America's children are being raised. Eight key measures present data on trends in the size and composition of the child population, the composition of their families, and the environment in which they live. The background measures provide an important context for understanding the key indicators of well-being presented in Part II.

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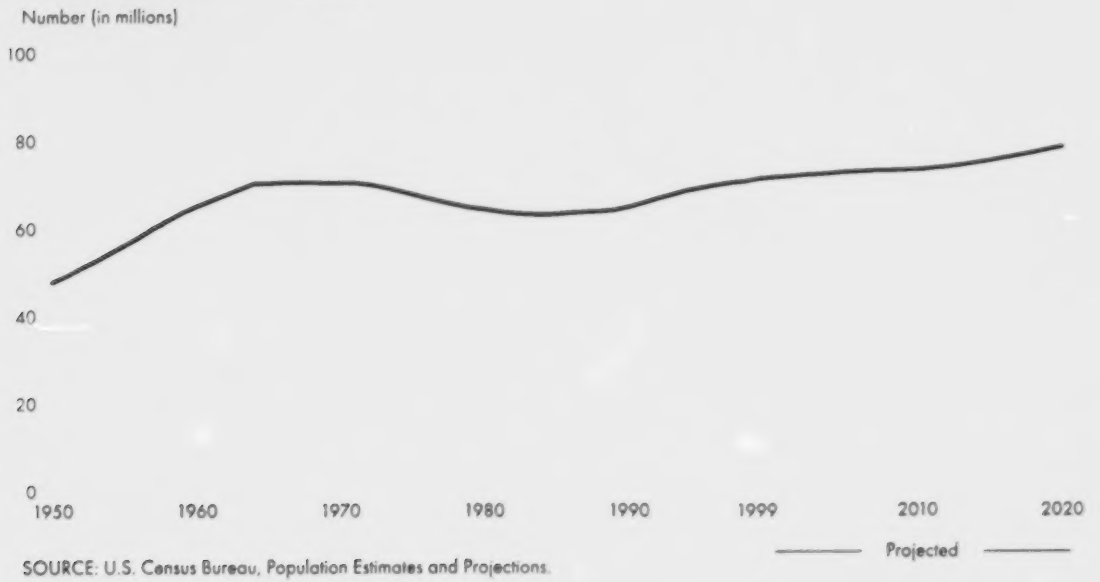
Number of Children in the United States

The number of children determines the demand for schools, health care, and other services and facilities that serve children and their families.

Figure POP1 **Number of children under age 18 in the United States, 1950-99 and projected 2000-20**



SOURCE: U.S. Census Bureau, Population Estimates and Projections.

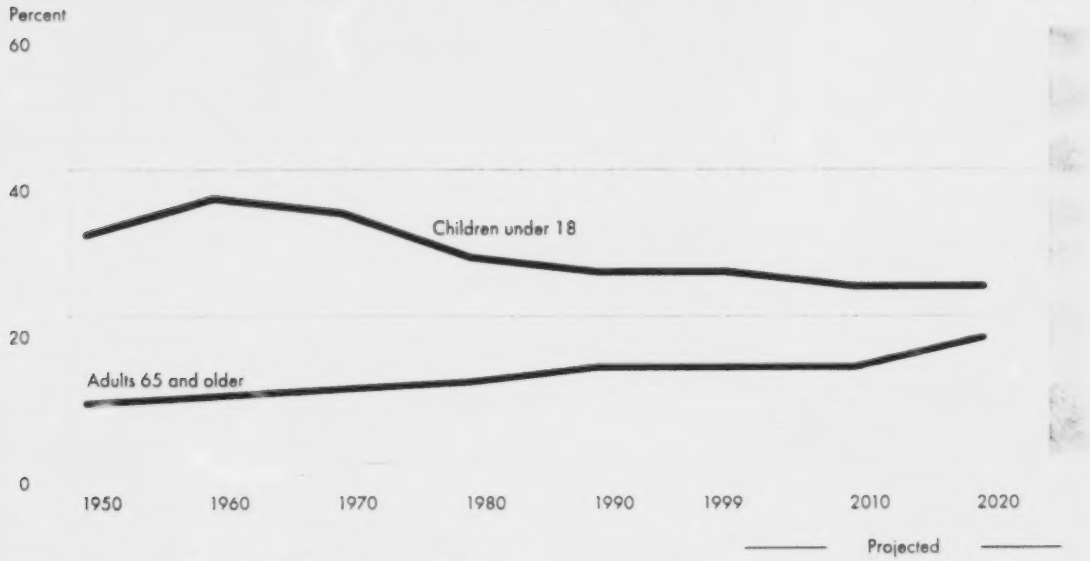
- In 1999, there were 70.2 million children in the United States, 0.3 million more than in 1998. This number is projected to increase to 77.2 million in 2020.
- The number of children under 18 has grown during the last half-century, increasing about half again in size since 1950.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 1999, there were approximately equal numbers of children—between 23 and 24 million—in each age group 0 to 5, 6 to 11, and 12 to 17 years of age.

Bullets contain references to data that can be found in Table POP1 on page 66.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population.

Figure POP2 **Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, 1950-99 and projected 2000-20**



SOURCE: U.S. Census Bureau, Population Estimates and Projections.

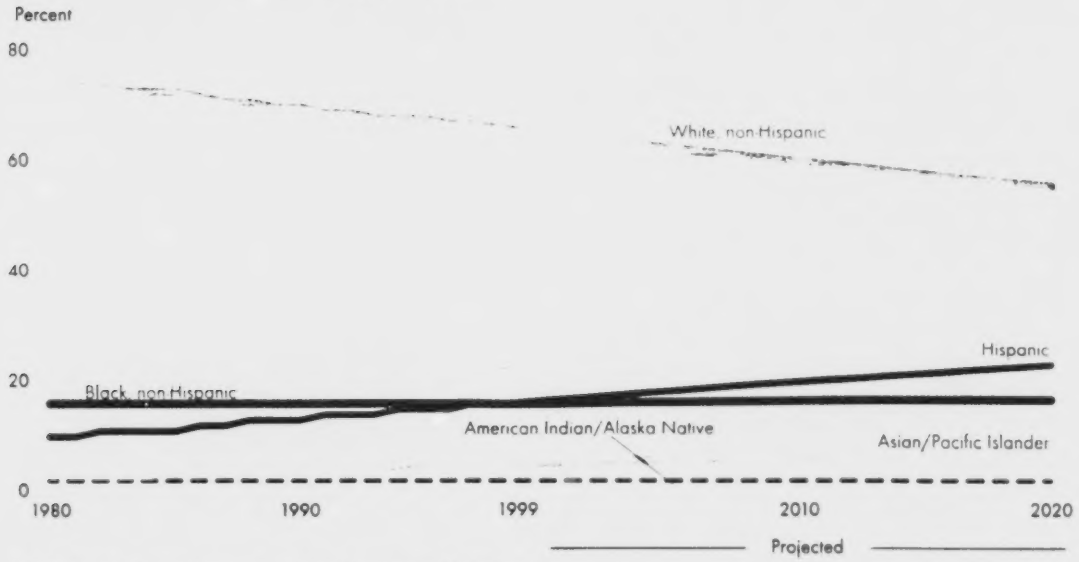
- In 1999, children made up 26 percent of the population, down from a peak of 36 percent at the end of the "baby boom."
- Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population.
- Children are projected to remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2020.
- In contrast, senior citizens (adults ages 65 and older) have increased as a percentage of the total population since 1950, from 8 to 13 percent. By 2020, they are projected to make up 17 percent of the population.
- Together, children and senior citizens make up the "dependent population": those persons who, because of their age, are less likely to be employed than others. In 1950, children made up 79 percent of the dependent population; by 1999, they made up 67 percent. This percentage is expected to continue to decrease, to 59 percent in 2020.

Bullets contain references to data that can be found in Table POP2 on page 66.

Racial and Ethnic Composition

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity first manifests itself among children, and later in the older population. This diversity is projected to increase even more in the decades to come.

Figure POP3 **Percentage of U.S. children under age 18 by race and Hispanic origin, 1980-99 and projected 2000-20**



SOURCE: U.S. Census Bureau, Population Estimates and Projections.

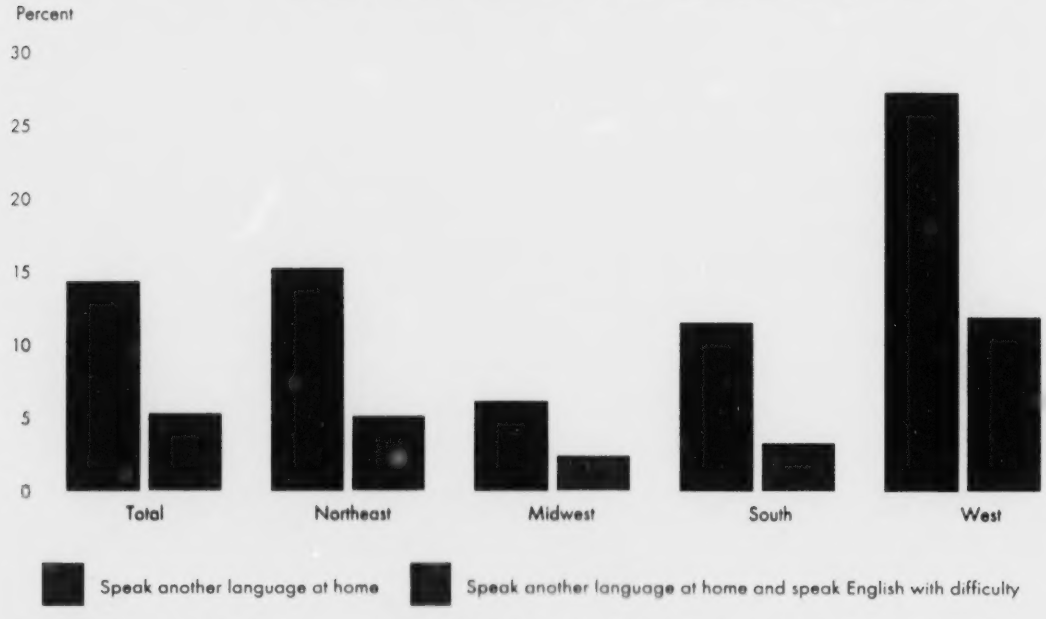
- In 1999, 65 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 16 percent were Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native.
- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 65 percent in 1999.
- The percentages of black, non-Hispanic and American Indian/Alaska Native children have been fairly stable during the period from 1980 to 1999.
- The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 1999. By 2020, it is projected that more than 1 in 5 children in the United States will be of Hispanic origin.
- The percentage of Asian/Pacific Islander children doubled from 2 to 4 percent of all U.S. children between 1980 and 1999. Their percentage is projected to continue to increase to 6 percent in 2020.
- Increases in the percentages of Hispanic and Asian/Pacific Islander children are due to both fertility and immigration. Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women.

Bullets contain references to data that can be found in Table POP3 on page 67.

Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[1] may face greater challenges progressing in school and, once they become adults, in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's English ability to determine whether the student needs services such as special instructions to improve his or her English and provide these services if needed.

Figure POP4 **Percentage of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English by region, 1995**



SOURCE: U.S. Bureau of the Census, October 1995 Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

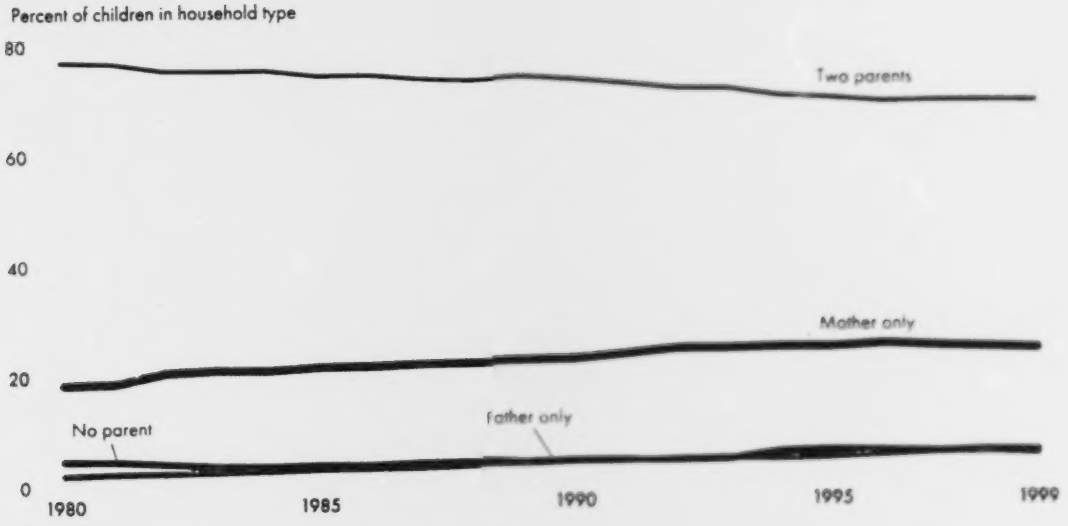
- The number of school-age children (ages 5 to 17) who spoke a language other than English at home and who had difficulty speaking English was 2.4 million in 1995, up from 1.3 million in 1979. This represented 5 percent of all school-age children in the United States.
- The percentage of children who speak English with difficulty varies by region of the country, from 2 percent of children in the Midwest to 11 percent of children in the West.
- Likewise, the percentage of children who speak another language at home (with or without difficulty speaking English) varies by region of the country, from 6 percent of children in the Midwest to 26 percent of children in the West. This difference is due largely to differing concentrations of immigrants and their descendents in the regions.
- Children of Hispanic or other (mostly Asian) origin are more likely than white, non-Hispanic and black, non-Hispanic children to have difficulty speaking English. Thirty-one percent of children of Hispanic origin and 14 percent of children of Asian or other origin had difficulty speaking English in 1995, compared with 1 percent of white, non-Hispanic or black, non-Hispanic children.

Bullets contain references to data that can be found in Table POP4 on page 68. Endnotes begin on page 58.

Family Structure and Children's Living Arrangements

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents.

Figure POP5.A **Percentage of children under age 18 by presence of parents in household, 1980-99**

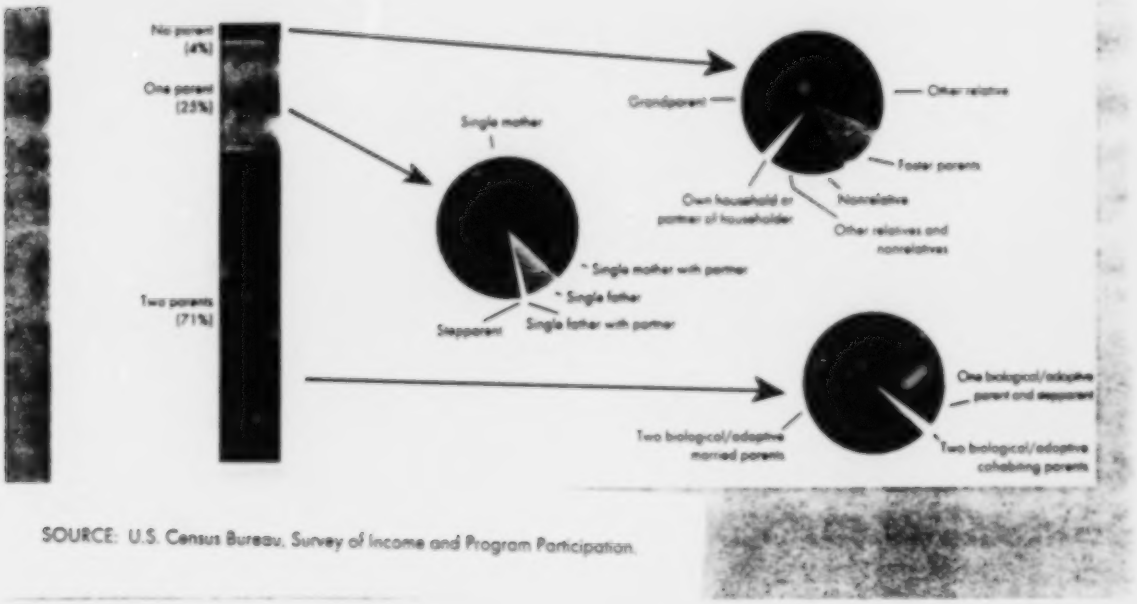


SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 1999, 68 percent of American children lived with two parents, down from 77 percent in 1980.
- In 1999, almost a quarter (23 percent) of children lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents.[2]
- Since 1996, the percentage of children living with only one parent has not changed significantly.
- Among the factors associated with change in the percentage of children living with just one parent is the percentage of births that were to unmarried mothers.[3]
- White, non-Hispanic children are much more likely than black children and somewhat more likely than Hispanic children to live with two parents. In 1999, 77 percent of white, non-Hispanic children lived with two parents, compared with 35 percent of black children and 63 percent of children of Hispanic origin.

Most children spend the majority of their childhood living with two parents; however, significant proportions of children have more diverse living arrangements. Information about the presence of parents and other adults in the family, such as the parent's unmarried partner, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being.

Figure POP5.B **Percentage of children under age 18 living in various family arrangements, 1996**



SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

- A more detailed picture of children's living arrangements can be provided by a different data source than that used in POP5.A. The most recent data on various living arrangements is from 1996, 3 years earlier than the data presented in POP5.A, page 6. Therefore, the percentages shown in POP5.A are different from those in POP5.B. In 1996, there were 71.5 million children under age 18. Seventy-one percent of them lived with two parents, 25 percent lived with one parent, and about 4 percent lived in households without parents.
- Among children living with two parents, 91 percent lived with both biological or adoptive parents and 9 percent lived with a biological or adoptive parent and a stepparent. About four-fifths of children living with a stepparent lived with their mother and a stepfather.
- About 3 percent of children who lived with both biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some of these single parents had cohabiting partners. Sixteen percent of children living with single fathers and 9 percent of children living with single mothers also lived with their parents' partners. Overall, 3.3 million children (5 percent) lived with a parent or parents who were cohabiting.
- Among the 2.6 million children (4 percent) not living with either parent in 1996, half (1.3 million) lived with grandparents, while about 21 percent lived with other relatives, and another 22 percent lived with nonrelatives. Of children in nonrelatives' homes, about half (313,000) lived with foster parents.
- Older children were less likely to live with two parents—66 percent of children ages 15 to 17, compared with 74 percent of children under age 5 and 71 percent of those ages 5 to 14. Among children living with two parents, older children were more likely than younger children to live with a stepparent and less likely to live with cohabiting parents.

Bullets contain references to data that can be found in Tables POP 5.A and POP5.B on pages 69 to 71. Endnotes begin on page 58.

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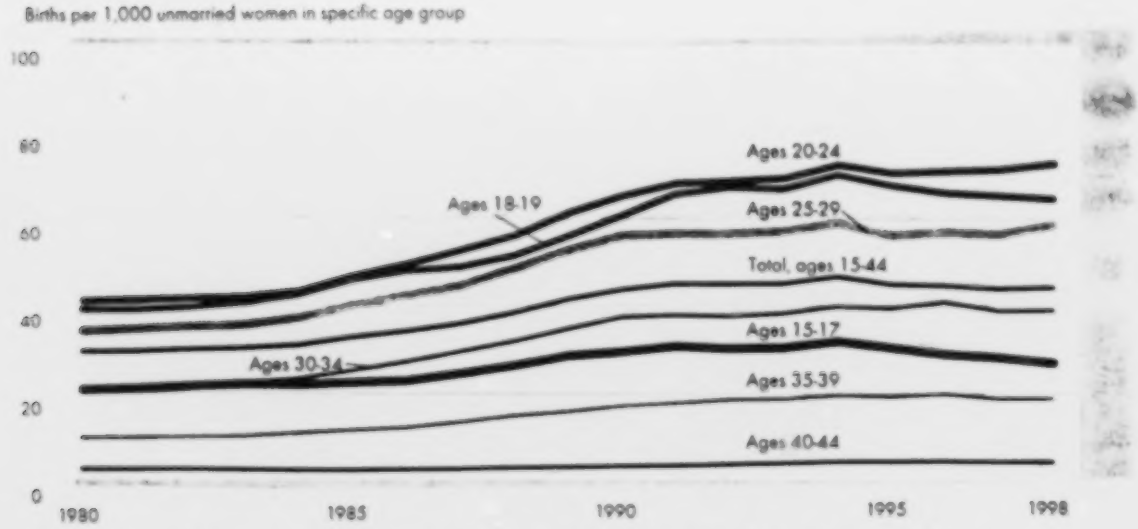
Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children.[3] Children of unmarried mothers are at higher risk of having adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.[4-6]

Figure POP6.A **Birth rates for unmarried women by age of mother, 1980-98**

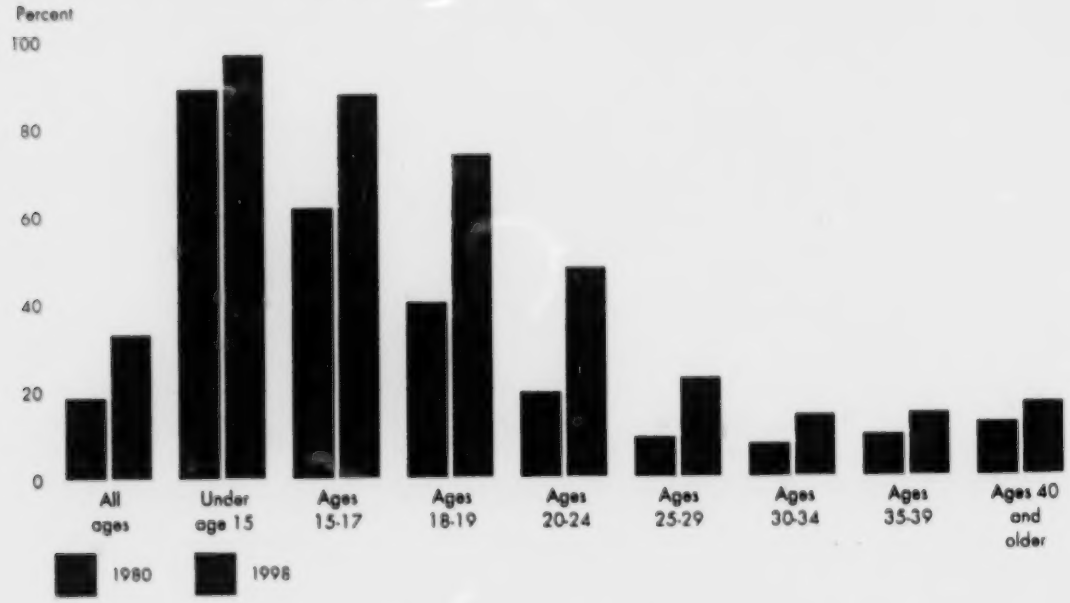


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 44 births for every 1,000 unmarried women ages 15 to 44 in 1998.
- Between 1980 and 1994, the birth rate for unmarried women ages 15 to 44 increased from 29 to 47 per 1,000. The rate has since stabilized and declined; between 1994 and 1997-98, the rate fell slightly to 44 per 1,000.
- During the 1980-94 period, birth rates increased sharply for unmarried women in all age groups. The birth rate for unmarried women ages 15 to 17 increased from 21 to 32 per 1,000, and the rate for unmarried women ages 18 to 19 rose from 39 to 70 per 1,000. The birth rate for unmarried women ages 20 to 24 increased from 41 to 72 per 1,000. Between 1994 and 1998, rates by age declined for all women under age 20 and stabilized for women 20 and older.
- The long-term rise between 1960 and 1994 in the nonmarital birth rate is linked to a number of factors. The proportion of women of childbearing age who are unmarried increased (from 29 percent in 1960 to 46 percent in 1994), concurrent with an increase in nonmarital cohabitation. About 20 to 25 percent of unmarried women ages 25 to 44 were in cohabiting relationships in 1992 to 94.[7] The likelihood that a single pregnant woman will marry before the child is born declined steeply from the early 1960s to the early 1980s and continued to fall, although more modestly, through the early 1990s.[8] At the same time, childbearing within marriage declined: births to married women declined from 4 million in 1960 to 2.7 million in 1994, and the birth rate for married women fell from 157 per 1,000 in 1960 to 84 per 1,000 in 1994.[5,6] All of these measures stabilized in the mid-1990s, as the nonmarital birth rate also steadied.

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be more limited.[4] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. This measure is also useful in monitoring trends and variations in births to unmarried women at the State and local levels.[9] The percentage of births to unmarried women is affected by several factors, including birth rates for married and unmarried women and the number of unmarried women. Significant changes occurred in all these measures between 1980 and 1998.[5,6,10]

Figure POP6.B **Percentage of all births that are to unmarried women by mother's age group, 1980 and 1998**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

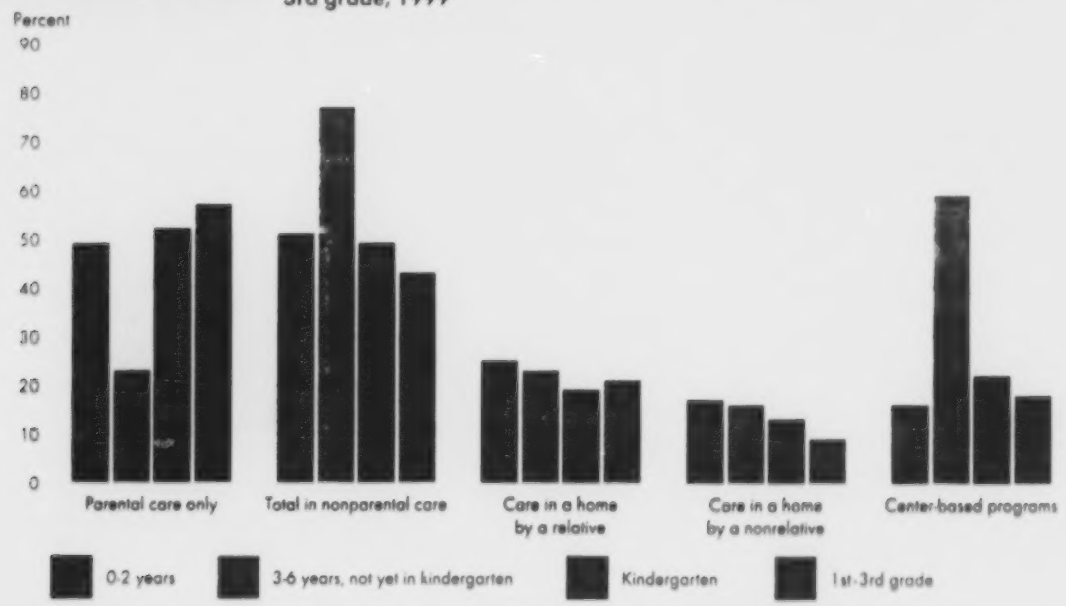
- In 1998, 33 percent of all births were to unmarried women.
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994. From 1994 to 1997, the proportion was relatively stable at about 32 percent, and then increased slightly to 33 percent in 1998.[5,6]
- During the 1980-98 period, the proportions of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportions were high throughout the period and continued to rise, from 62 to 87 percent for ages 15 to 17 and from 40 to 74 percent for ages 18 to 19. The proportions more than doubled for births to women in their twenties, rising from 19 to 48 percent for ages 20 to 24 and from 9 to 22 percent for ages 25 to 29. The proportion of births to women ages 30 and older increased from 8 to 14 percent.[5,6,11]
- While about one-third of all births were to unmarried women in 1998, 4 in 10 first births were nonmarital. Nearly two-thirds of women under age 25 having their first child were not married.
- The increases in the proportions of births to unmarried women, especially during the 1980s, are linked to sharp increases in the birth rates for unmarried women during this period, concurrent with declines in birth rates for married women. In addition, the number of unmarried women increased by about one-fourth.[5,6,10]

Bullets contain references to data that can be found in Tables POP6.A and POP6.B on page 72. Endnotes begin on page 58.

Child Care

Increasing proportions of children are spending substantial amounts of time in the care of a child-care provider other than their parents. While researchers continue to assess the effects of child care on child development, it is important to monitor over time the way many children receive care. Children receive a variety of types of care, including care in home by a relative, care in home by a nonrelative, and center-based care or early education. This indicator presents the most recent data on the proportion of children receiving care on a regular basis from persons other than their parents, and the types of settings where that care is provided, by the age of the child.

Figure POP7 **Percentage of children by type of care arrangement from birth through 3rd grade, 1999**



NOTE: Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

- In 1999, 54 percent of children from birth through 3rd grade received some form of child care on a regular basis from persons other than their parents. This translates to close to 20 million children and represents an increase over 1995, when 51 percent of children through 3rd grade received child care.
- The type of child care received is related to the age of the child. Children from birth through age 2 were more likely to be in home-based care, either with a relative or nonrelative, than to be in center-based care. Forty-two percent were in home-based care (about 25 percent with a relative and 17 percent with a nonrelative), and about 16 percent were in center-based care in 1999.
- Children ages 3 to 6 who are not yet in kindergarten are more likely to be in a center-based child-care arrangement, which includes nursery schools and other early childhood education programs. Fifty-nine percent of these children were in center-based care, compared to 39 percent in home-based care (23 percent in relative care and 16 percent in nonrelative care) in 1999.
- Kindergartners were more likely to be in home-based care (32 percent) than in center-based care (22 percent).
- Among children attending 1st through 3rd grade, children were more likely to be in home-based care with a relative (21 percent) than in a center (18 percent) or in a home with a nonrelative (9 percent) in 1999.
- About 22 percent of 3- to 6-year-olds were in multiple types of arrangements, compared with 6 percent in the other age groups.

Bullets contain references to data that can be found in Table POP7 on page 73.

Children's Environments

The environment in which children live plays an important role in their health and development. Children need a clean, safe place in which they can grow and play. Children may be more vulnerable to environmental contaminants because of their increased potential for exposure to pollutants, since they eat, drink, and breathe more per body weight than adults. In addition, environmental contaminants in air, food, drinking water, and other sources are associated with a number of different ailments, and these contaminants may disproportionately affect children because they are still developing.[12-16] One important measure of environmental quality is the percentage of children living in areas that do not meet the National Ambient Air Quality Standards. Polluted air is associated with increased asthma episodes and other respiratory illnesses. While air pollution is one important measure of children's environments, further research is needed to develop a more complete measure of overall environmental quality for children.

Figure POP8

Percentage of children under age 18 living in areas that do not meet at least one of the Primary National Ambient Air Quality Standards, 1990-98

NOTE: Nitrogen dioxide and sulfur dioxide are not included in the graph because essentially all areas met the Primary National Ambient Air Quality Standards for these pollutants after 1991.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

- In 1998, 24 percent of children lived in areas that did not meet at least one of the Primary National Ambient Air Quality Standards, down from 31 percent in 1990. The Clean Air Act established Primary National Ambient Air Quality Standards which are designed to establish limits to protect public health, including the health of sensitive populations such as asthmatics and children. The U.S. Environmental Protection Agency has set national air quality standards for six principal pollutants (referred to as "criteria" pollutants): carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO_2), ozone (O_3), particulate matter (PM), and sulfur dioxide (SO_2).
- EPA is seeking to implement new national ambient air quality standards for particulate matter and ozone in order to better protect public health. The new standards were set, in part, to protect children. Both particulate matter and ozone can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children. These problems can lead to hospital and emergency room visits.
- Ozone accounts for most of the areas that do not meet the Primary National Ambient Air Quality Standards.
- In 1998, 2 percent of children, or approximately 1 million, lived in areas that did not meet the National Ambient Air Quality Standard for lead. High levels of lead are dangerous to children because they can lead to neurological and developmental effects.

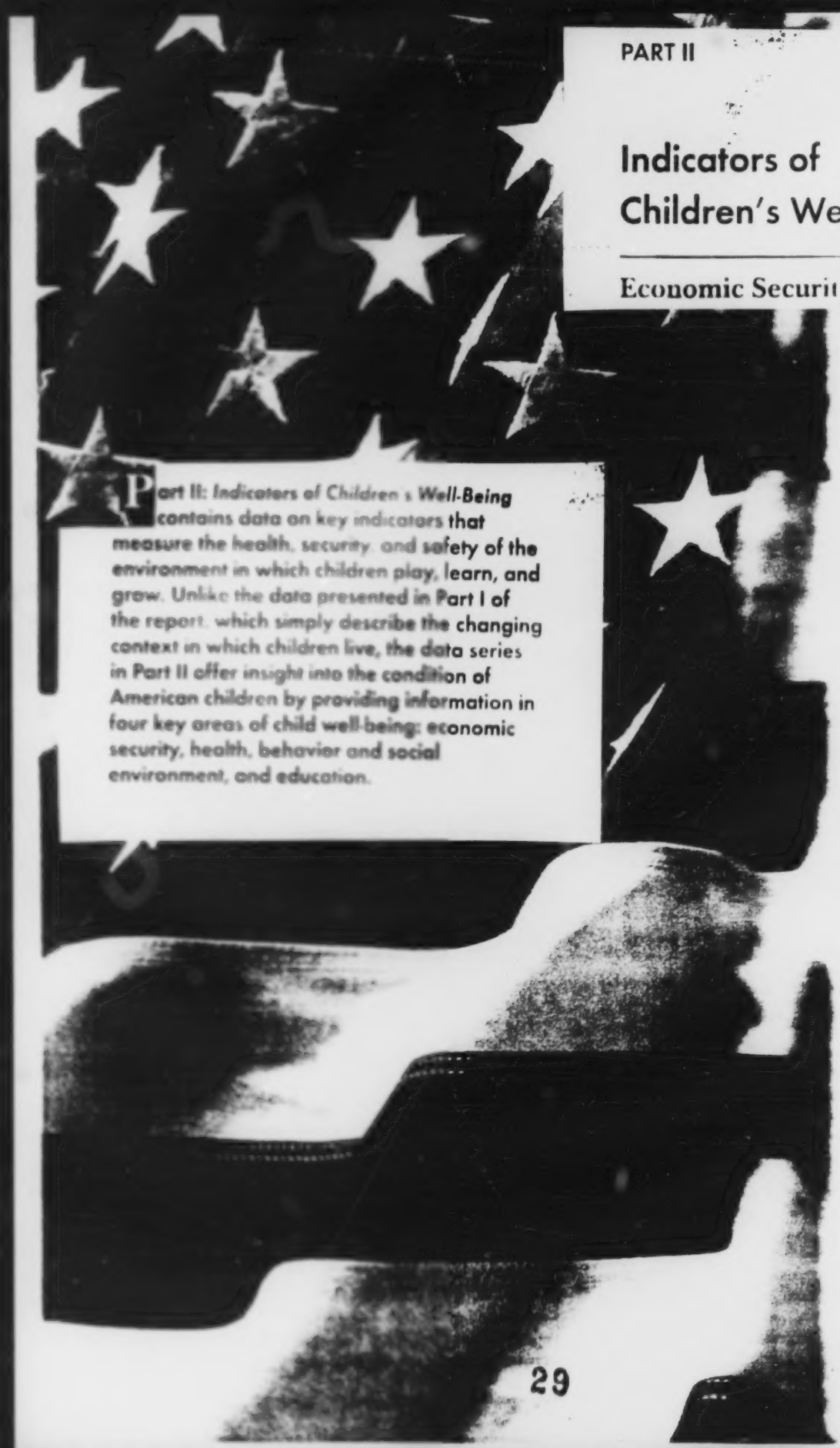
Bullets contain references to data that can be found in Table POP8 on page 74. Endnotes begin on page 58.

Data Needed

Population and Family Characteristics

Current data collection systems at the national level do not provide extensive detailed information on children's lives, their families and their caregivers. Certain topical databases provide some of this information, but it needs to be collected across domains of child well-being and to be collected regularly enough to discern trends in where, how, and with whom children spend their time. This year's report expands upon last year's by augmenting the background measure on family structure, by adding information on children's living arrangements, as well as by adding new measures on child-care utilization and children's environments. More data are also needed on:

- *Family interactions.* Information is needed about children's interactions with non-resident parents, particularly fathers, and about the establishment of paternity.
- *Time use.* A regular source of data is needed to track how and where children spend their time and how these patterns change over time. For example, data on how much time children spend in school, in day care, in after-school activities, using a computer, and interacting with one or both parents and how much time youth spend at work would provide valuable insights. Currently, Federal surveys collect information on the amount of time children spend on certain activities, such as watching television, but no regular Federal data source examines time spent on the whole spectrum of children's activities. The inclusion in surveys of additional questions on time use by children and adults is currently being investigated by several member agencies of the Federal Interagency Forum on Child and Family Statistics. The Bureau of Labor Statistics has plans to conduct a continuous time use survey, beginning in 2003, that will cover time invested in the care of children as well as time spent in other market and non-market activities.
- *Children's environments.* Further data are needed to monitor the environments of children and their potential exposure to environmental contaminants. In particular, data are needed to describe children's potential exposure to contaminants in drinking water and food. Further work is needed to evaluate the available data sources to determine if they are appropriate for monitoring exposures to environmental contaminants in food and drinking water.



PART II

Indicators of Children's Well-Being

Economic Security Indicators

Part II: *Indicators of Children's Well-Being* contains data on key indicators that measure the health, security, and safety of the environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data series in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

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Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school,[17] to become teen parents,[18] and, as adults, to earn less and be unemployed more frequently.[17] The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.

Indicator ECON1.A **Percentage of related children under age 18 in poverty by family structure, 1980-98**

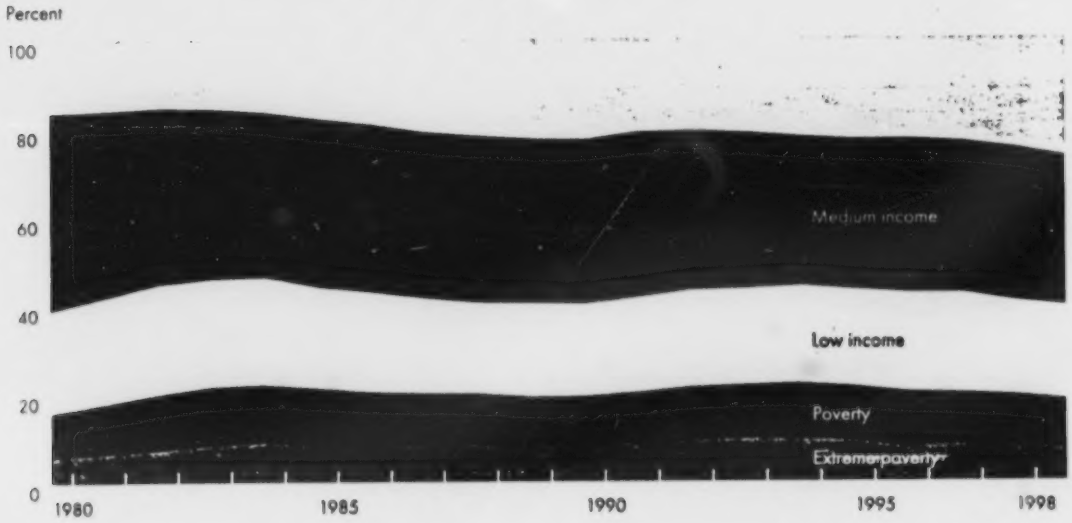
NOTE: Estimates refer to children who are related to the householder and who are under age 18. In 1998, the average poverty threshold for a family of four was $16,660 in annual income.

SOURCE: U.S. Census Bureau, March Current Population Survey.

- The poverty rate for related children dropped from 19 percent in 1997 to 18 percent in 1998. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to 18 percent, a rate comparable to 1980.
- Children under age 6 are more likely to be living in families with incomes below the poverty line than children ages 6 to 17. In 1998, 21 percent of children under age 6 lived in poverty, compared with 17 percent of older children.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 1998, 9 percent of children in married-couple families were living in poverty, compared to 46 percent in female-householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 1998, 12 percent of black children in married-couple families lived in poverty, compared with 55 percent of black children in female-householder families. Twenty-three percent of Hispanic children in married-couple families lived in poverty, compared with 60 percent in female-householder families.
- Most children in poverty are white, non-Hispanic. However, the poverty rate of black or Hispanic children is much higher than the poverty rate of white, non-Hispanic children. In 1998, 10 percent of white, non-Hispanic children lived in poverty, compared with 36 percent of black children and 34 percent of Hispanic children.
- In 1998, 8 percent of all children lived in families with incomes less than half the poverty level, or $8,330 a year on average for a family of four, while 29 percent of children lived in families with incomes less than 150 percent of the poverty level, or $24,990 a year on average for a family of four.
- Children under 18 continue to represent a very large segment of the poor population (37 percent) even though they are only about 26 percent of the total population.

The full distribution of the income of children's families is important, not just the percentage in poverty. Knowing that more and more children live in affluent families tells us that a growing proportion of America's children enjoy economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is holding steady.

Indicator ECON1.B **Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, 1980-98**



NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,330 for a family of four in 1998). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,330 and $16,659 for a family of four in 1998). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $16,660 and $33,319 for a family of four in 1998). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $33,320 and $66,639 for a family of four in 1998). High income is 400 percent of the poverty threshold or more.[19]

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 1998, more children lived in families with medium income (34 percent) than in other income groups. Smaller percentages of children lived in families with low income and with high income, 21 and 27 percent, respectively.
- The percentage of children living in families with medium income has fallen from 41 percent in 1980 to 34 percent in 1998, while the percentage of children living in families with high income and the percentage of children in extreme poverty have risen, from 17 to 27 percent and from 7 to 8 percent, respectively. The data indicate that income disparities have increased among families with children.

Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 75 and 76. Endnotes begin on page 58.

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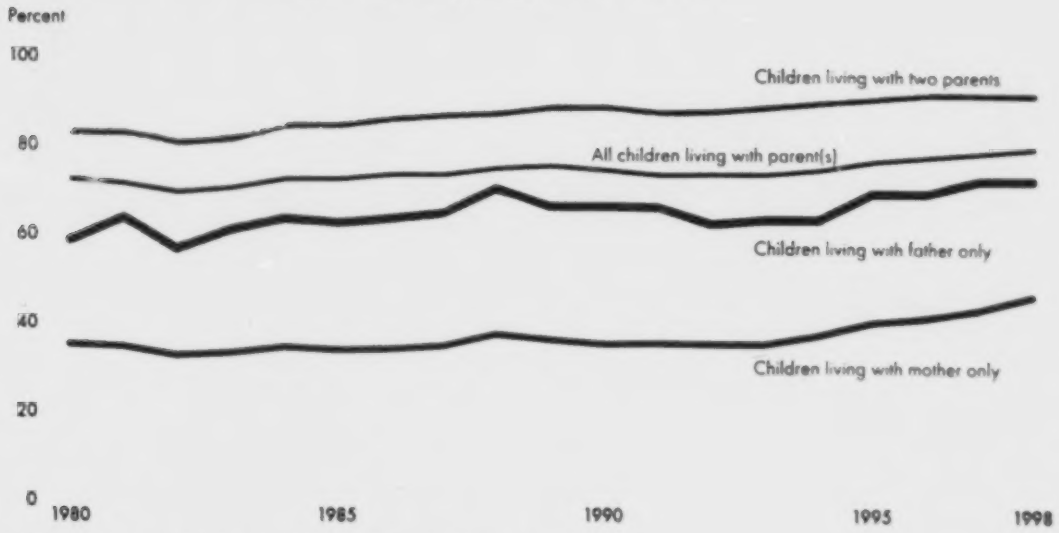
Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents obtain health insurance for themselves and their children through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[20] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.

Indicator ECON2 **Percentage of children under age 18 living with at least one parent employed full time all year by family structure, 1980-98**



SOURCE: U.S. Census Bureau, March Current Population Survey.

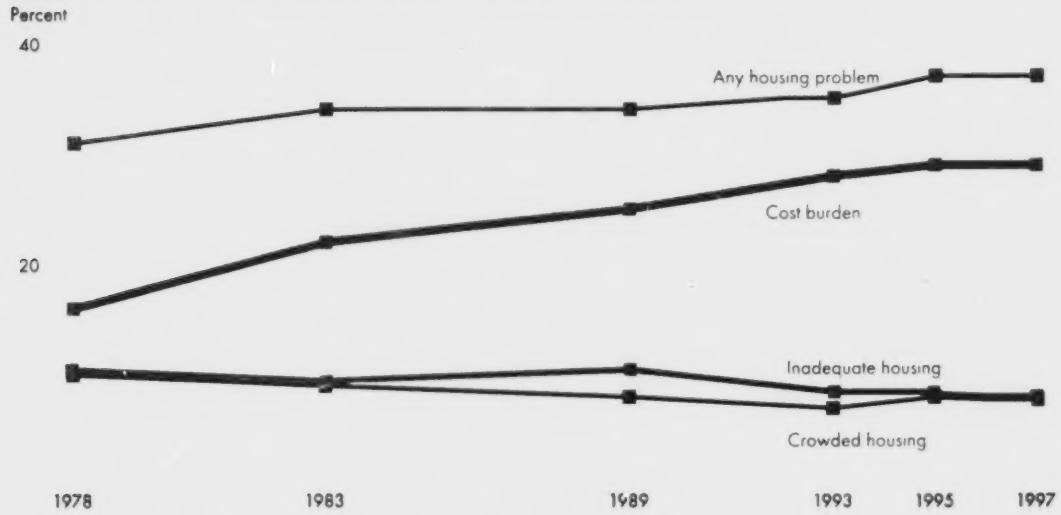
- Since 1990, the trend in secure parental employment has paralleled the overall trend in unemployment. The percentage of children who had at least one parent working full time all year continued to increase in 1998 to 77 percent from 76 percent in 1997.
- A disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed, which increased from 33 percent in 1993 to 44 percent in 1998.
- In 1998, 89 percent of children living in two-parent families had at least one parent who was a full-time, year-round worker. In contrast, 70 percent of children living with a single father and 44 percent of children living with a single mother had a parent who worked full time all year.
- Black, non-Hispanic children and Hispanic children were less likely than white, non-Hispanic children to have a parent working full time all year. In 1998, 58 percent of black, non-Hispanic children and 68 percent of Hispanic children had a parent working full time all year, compared with 84 percent of white, non-Hispanic children.
- Children living in poverty were much less likely to have a parent working full time all year than children living at or above the poverty line, 31 percent and 87 percent, respectively. For children living with both parents, 56 percent of poor children had at least one parent working full time all year compared with 92 percent of children living above poverty. For children living with single mothers, the differences are much larger. Seventeen percent of those below the poverty line and 66 percent of those above it had a parent working full time all year.
- Between 1980 and 1998, the percentage of children living in two-parent families in which both the mother and father worked full time all year increased from 17 to 31 percent.

Bullets contain references to data that can be found in Table ECON2 on page 77. Endnotes begin on page 58.

Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[21] The percentage of households with children that report that they are living in physically inadequate,[22] crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Indicator ECON3 **Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-97**



NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, and 1997.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

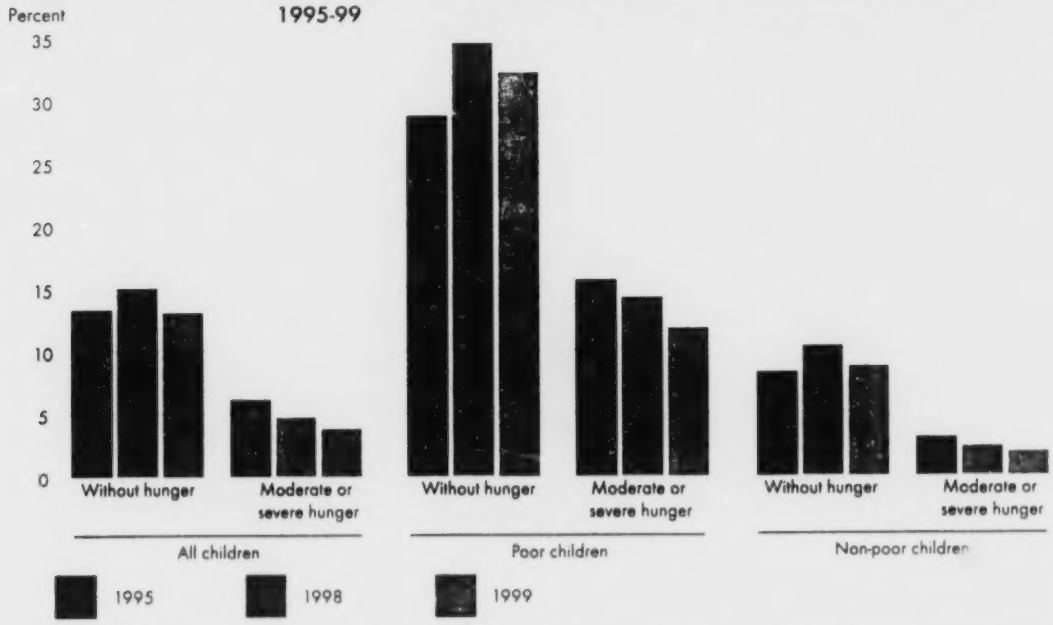
- In 1997, 36 percent of U.S. households with children, both owners and renters, had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.[23]
- The share of U.S. households with children that have any housing problems rose between 1978 and 1995 and has since stabilized.
- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 1997, 7 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 7 percent in 1997.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 1997, the percentage of households with children with a cost burden—that is, paying more than 30 percent of their income for housing—rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6 to 12 percent.
- Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems.[24] In 1997, 11 percent of households with children had severe housing problems. Although the 1997 data are not directly comparable to estimates for earlier years, severe housing problems increased from 8 percent in 1978 to 12 percent in 1995 because of a rise in the percentage of families reporting severe cost burdens.
- Severe housing problems are especially prevalent among very-low-income renters.[25] In 1997, 28 percent of very-low-income renter households with children reported severe housing problems, with severe cost burden again the major problem. Although the percentage of these families having severe housing problems has fallen since 1978, the number with such problems grew from 1.4 million in 1978 to 1.7 million in 1997, again because the number of households with severe cost burdens rose.

Bullets contain references to data that can be found in Table ECON3 on page 79. Endnotes begin on page 58.

Food Security

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security has been defined as access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate, and safe food and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food.[26] A family's ability to provide for children's nutritional needs is linked to income or other resources and secure access to adequate, nutritious food. Members of food-insecure households are at risk of hunger. The following indicator measures food insecurity on a scale that indicates increasing levels of severity of food insecurity and, at the more severe levels, hunger. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report hunger to a significant degree. Food-insecure households with hunger report multiple indicators of hunger among adults and, at more severe levels, among children.

Indicator ECON4.A **Food security: Percentage of children under age 18 by poverty status in households experiencing food insecurity, by level of severity, selected years 1995-99**



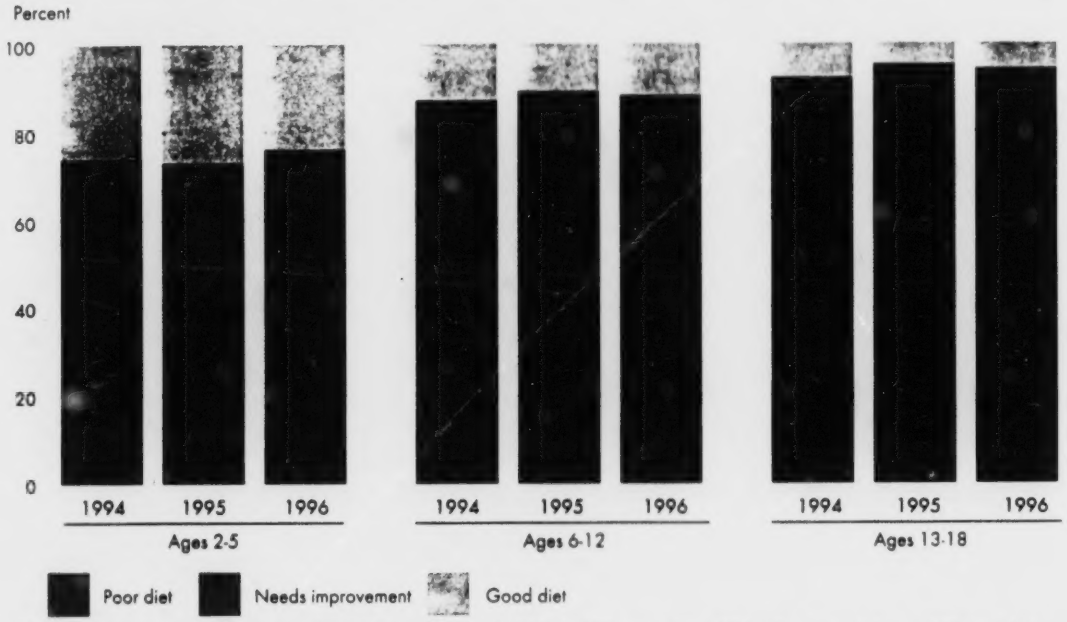
NOTE: See Table ECON4.A for details on the food security scale. Data for 1996 and 1997 are not shown because they are not strictly comparable with data for 1995, 1998, and 1999 due to methodology differences.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey. U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service, Office of Analysis and Evaluation.

- In 1999, 3.8 percent of children lived in households experiencing food insecurity with hunger, primarily among adults (children's hunger becomes prevalent only at more severe levels of adult hunger).
- Children living in households below poverty are much more likely than other children to live in households experiencing food insecurity with hunger. In 1999, 11.8 percent of children in households with incomes below the Federal poverty level experienced food insecurity with hunger, compared with 1.9 percent of children in households with income above the poverty level.
- Most food-insecure households do not report actual hunger for household members. In 1999, 13.1 percent of all children and 32.2 percent of poor children lived in households experiencing food insecurity without hunger.
- The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one or more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.[27]

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.[28]

Indicator ECON4.B **Food security: Percentage distribution of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96**



NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

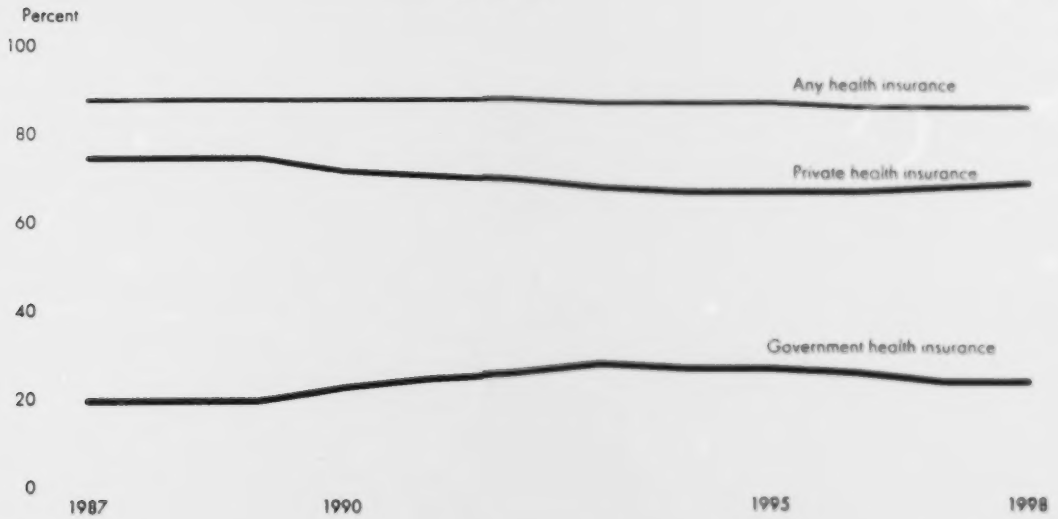
- In 1996, most children and adolescents had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 1996, among children ages 2 to 5, 24 percent had a good diet and 8 percent had a poor diet. For those ages 13 to 18, 6 percent had a good diet and 20 percent had a poor diet.
- The lower-quality diets of older children are linked to declines in their fruit and milk consumption.
- Children in families below poverty are less likely than higher-income children to have a diet rated as good. For children ages 2 to 5, 19 percent of those in poverty had a good diet in 1994-96, compared with 28 percent of those living above the poverty line.
- The diet quality of children and adolescents was similar in 1994, 1995, and 1996—most children in each of these years had a diet that was poor or needed improvement.

Bullets contain references to data that can be found in Tables ECON4.A, ECON4.B, ECON4.C, and ECON4.D on pages 80-82. Endnotes begin on page 58.

Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical and dental attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Indicator ECON5.A **Percentage of children under age 18 covered by health insurance by type of health insurance, 1987-98**



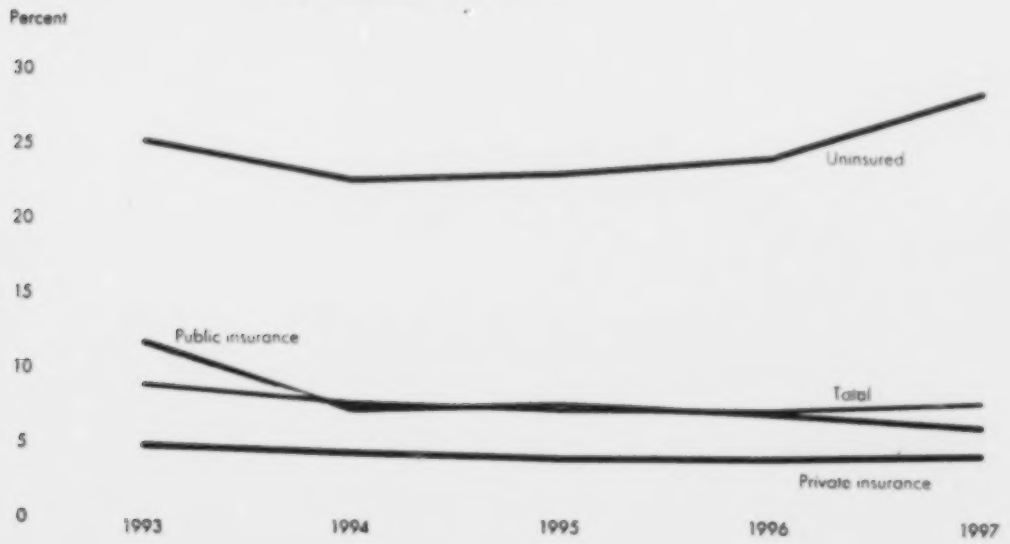
NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Program), and CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). CHAMPUS is a health benefit program for all members of the armed forces and their dependents. It is being replaced by Tricare.

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 1998, 85 percent of children had health insurance coverage. This rate has fluctuated around 86 percent since 1987.
- The number of children who had no health insurance at any time during 1998 was 11.1 million (15 percent of all children). Neither the number nor the percentage of uninsured children was significantly higher than the 1997 figures of 10.7 million and 15 percent.
- The proportion of children covered by private health insurance has decreased in recent years, from 74 percent in 1987 to 68 percent in 1998. During the same period, the proportion of children covered by government health insurance has grown from 19 percent to 23 percent.[29]
- Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 1998, 70 percent of Hispanic children were covered by health insurance, compared with 89 percent of white, non-Hispanic children and 80 percent of black children.
- Overall rates of coverage vary by the age of child—children ages 6 to 11 are more likely to be insured than those 0 to 5 or 12 to 17. Preschoolers (0 to 5) and teenagers (12 to 17) have similar insurance coverage rates. Type of insurance varies across all three age groups; government-provided insurance decreases, but private health insurance increases with age.

The overall declines mask large health insurance-related disparities in the percentage of children having no usual source of care. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[30] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[31,32] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[33]

Indicator ECON5.B **Percentage of children under age 18 with no usual source of health care by type of health insurance, 1993-97**



NOTE: Emergency rooms are excluded as a usual source of care. In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

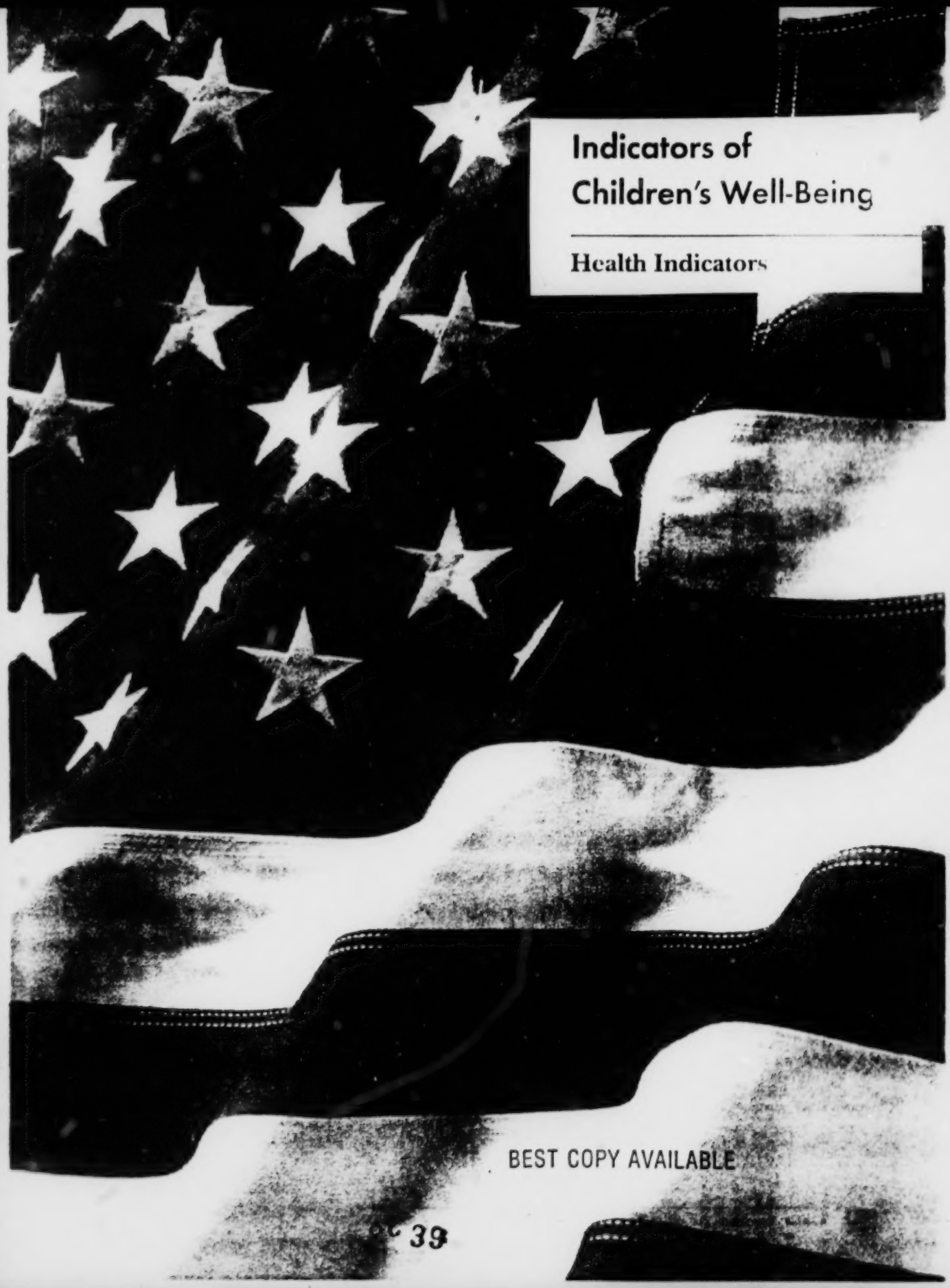
- In 1997, 7 percent of children had no usual source of health care, according to a parent or household adult.
- Between 1993 and 1997, the percentage of children with no usual source of health care declined from 8 percent to 7 percent.
- The overall declines mask large health insurance-related disparities in the percentage of children having no usual source of care. In 1997, children with public insurance, such as Medicaid, were substantially more likely to have no usual source of care than were children with private insurance.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were over eight times as likely as those with private insurance to have no usual source of care in 1997. In addition, the percentage of uninsured children who had no usual source of care increased from 22 to 28 percent between 1994 and 1997.
- In 1997, 13 percent of children in families below the poverty line had no usual source of care, compared with 5 percent of children in higher-income families.
- Older children are slightly more likely than younger children to lack a usual source of health care. In 1997, 8 percent of children ages 5 to 17 had no usual source of care, compared with 4 percent of children ages 0 to 4.

Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 83 and 84. Endnotes begin on page 58.

Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report provides some information on economic and food security, additional indicators are needed on:

- *Economic security.* Changes in children's economic well-being over time need to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty for families with children.* Although good Federal data are available on child poverty and alternative measures are being developed (see Indicator ECON1, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 76), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to provide the capacity to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies that have sought to estimate this number.



Indicators of Children's Well-Being

Health Indicators

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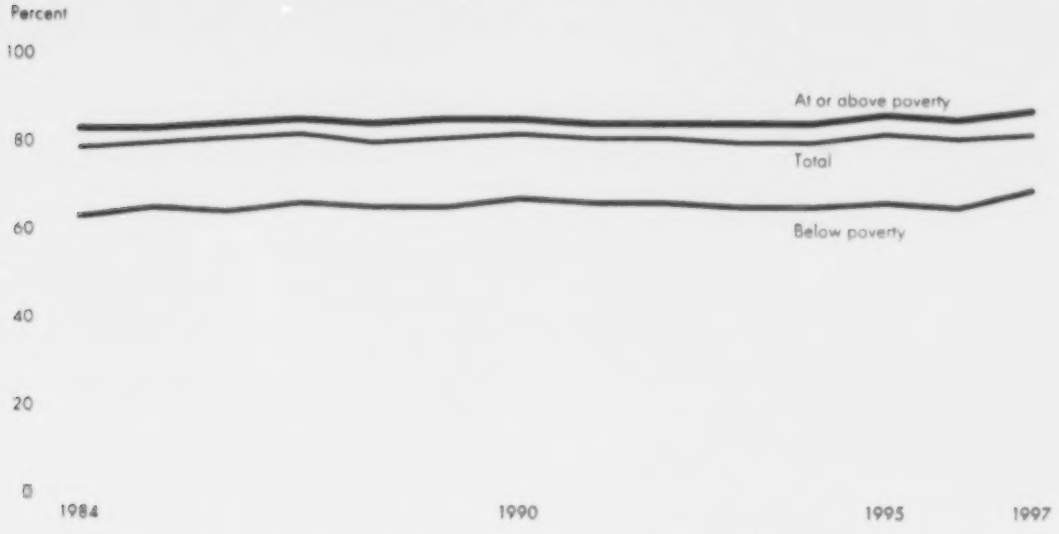
General Health Status

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children. This indicator measures the percentage of children whose parents report them to be in very good or excellent health.

Indicator HEALTH1 **Percentage of children under age 18 in very good or excellent health by poverty status, 1984-97**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

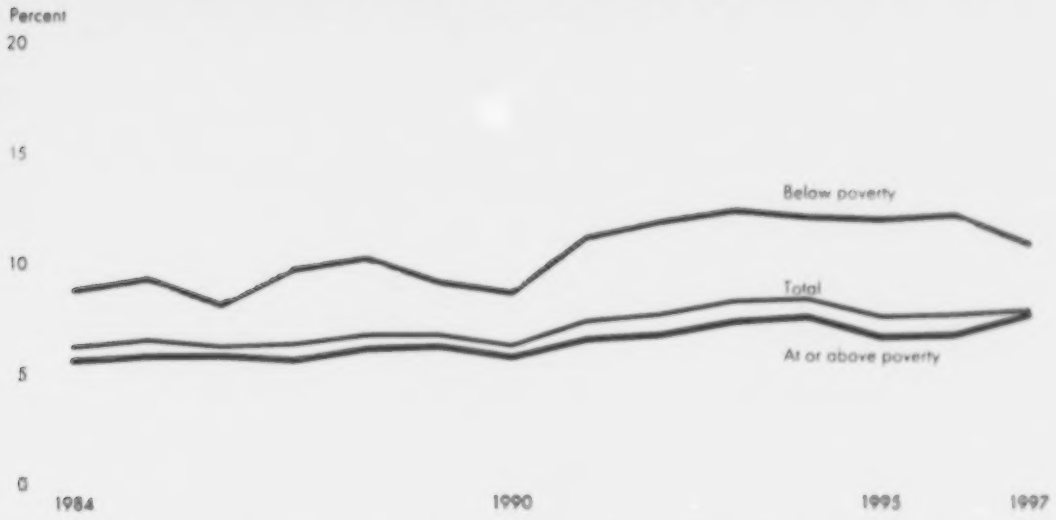
- In 1997, about 81 percent of children were reported by their parents to be in very good or excellent health.
- Child health varies by family income. Children living below the poverty line are less likely than children in higher-income families to be in very good or excellent health. In 1997, about 68 percent of children in families below the poverty line were in very good or excellent health, compared with 86 percent of children in families living at or above the poverty line.
- Children under age 5 are about as likely to be in very good or excellent health as children ages 5 to 17.
- The percentage of children in very good or excellent health remained stable between 1984 and 1997. The health gap between children below and those at or above the poverty line also did not change during the time period. Each year, children at or above the poverty line were about 20 percentage points more likely to be in very good or excellent health than children whose families were below poverty.

Bullets contain references to data that can be found in Table HEALTH1 on page 85. See indicator ECON1.A and ECON1.B on pages 14 and 15 for a description of child poverty.

Activity Limitation

Children whose activities are limited by one or more chronic health conditions may need more specialized health care than children without such limitations. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services.[34] Researchers use parental reports on limitations associated with chronic conditions to determine the prevalence of activity limitations. Chronic conditions (such as asthma, hearing impairment, or diabetes) included in this measure usually have a duration of more than 3 months. Activities include going to school, playing, and any other activities of children.

Indicator HEALTH2 **Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions by poverty status, 1984-97**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1997, 8 percent of children ages 5 to 17 were limited in their activities because of one or more chronic health conditions, compared with 3 percent of children younger than 5. Children and youth ages 5 to 17 have much higher rates of activity limitation than younger children, possibly because some chronic conditions are not diagnosed until children enter school.
- Children and youth in families living below the poverty line have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 11 percent of children living below poverty had activity limitations due to chronic conditions, whereas 8 percent of children in families at or above poverty had a limitation in 1997.
- From 1984 to 1997, activity limitation increased from 9 to 11 percent among children ages 5 to 17 in families living below the poverty line. Among children ages 5 to 17 in families at or above the poverty line, activity limitation increased from 6 to 8 percent.
- The difference in activity limitation by income is also present among preschool-age children. Children ages birth to 4 in families below poverty had a rate of activity limitation that was higher than for children in families at or above poverty.
- Males ages 5 to 17 were more likely than females in the same age group to have activity limitations for all years from 1984 to 1997.

Bullets contain references to data that can be found in Table HEALTH2 on page 86. Endnotes begin on page 58.

Childhood Immunization

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious vaccine-preventable illnesses. The combined immunization series (often referred to as the 4:3:1:3 combined series) rate measures the extent to which children have received four key vaccinations.

Indicator HEALTH3 **Percentage of children 19 to 35 months of age with the combined 4:3:1:3 series of vaccinations by poverty status, 1994-98**

NOTE: Vaccinations included in the combined series are 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP)/diphtheria and tetanus toxoids (DT) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

SOURCE: Centers for Disease Control and Prevention, National Immunization Program and National Center for Health Statistics, National Immunization Survey.

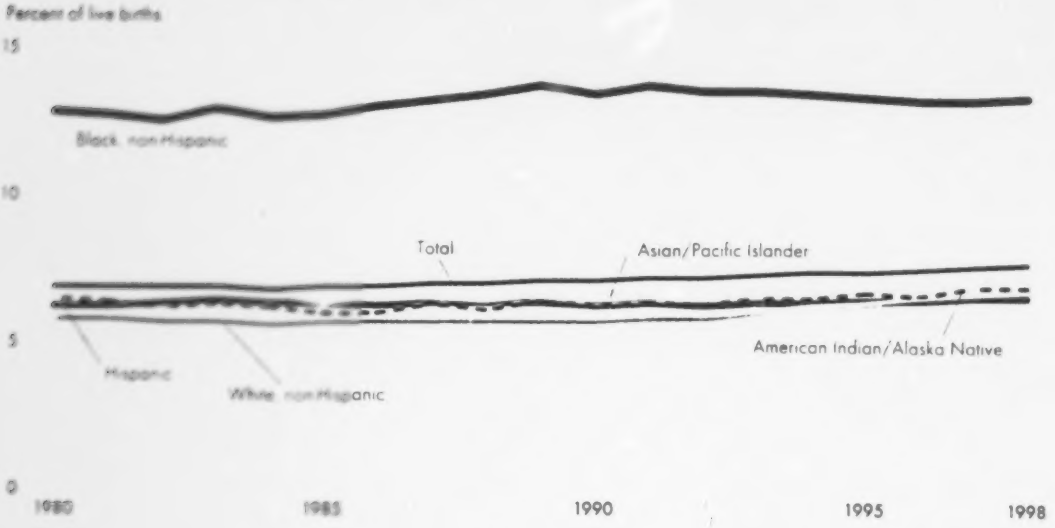
- In 1998, 79 percent of children ages 19 to 35 months had received the combined series of vaccines (often referred to as the 4:3:1:3 combined series).
- Children with family incomes below the poverty level had lower rates of coverage with the combined series than children with family incomes at or above the poverty line—74 percent of children below poverty compared with 82 percent of higher-income children.
- Overall and for children living above and below the poverty level, coverage with the combined series increased 3 percentage points between 1997 and 1998. However, the gap in coverage between children in families living above and below the poverty level remained stable at 8 percentage points.
- Coverage with three or more doses of Hib vaccine among children ages 19 to 35 months remained relatively stable at 93 percent.
- In 1998, coverage with three or more doses of hepatitis B vaccine among children ages 19 to 35 months increased 3 percentage points, to 87 percent.
- Rates of coverage with the full series of vaccines were higher among white, non-Hispanic children than among black, non-Hispanic or Hispanic children. Eighty-two percent of white, non-Hispanic children ages 19 to 35 months received these immunizations compared with 73 percent of black, non-Hispanic children and 75 percent of Hispanic children.
- In 1998, coverage with varicella vaccine among children ages 19 to 35 months increased substantially, from 26 percent to 43 percent. Gains in coverage for varicella vaccine were seen among all children regardless of race or ethnicity and poverty level; however, children living at or above the poverty line had higher coverage levels.

Bullets contain references to data that can be found in Table HEALTH3 on page 87.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[35,36] Low-birthweight infants are a diverse group: some are born prematurely, while others are small for their gestational age.

Indicator HEALTH4 **Percentage of infants born of low birthweight by race and Hispanic origin, 1980-98**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

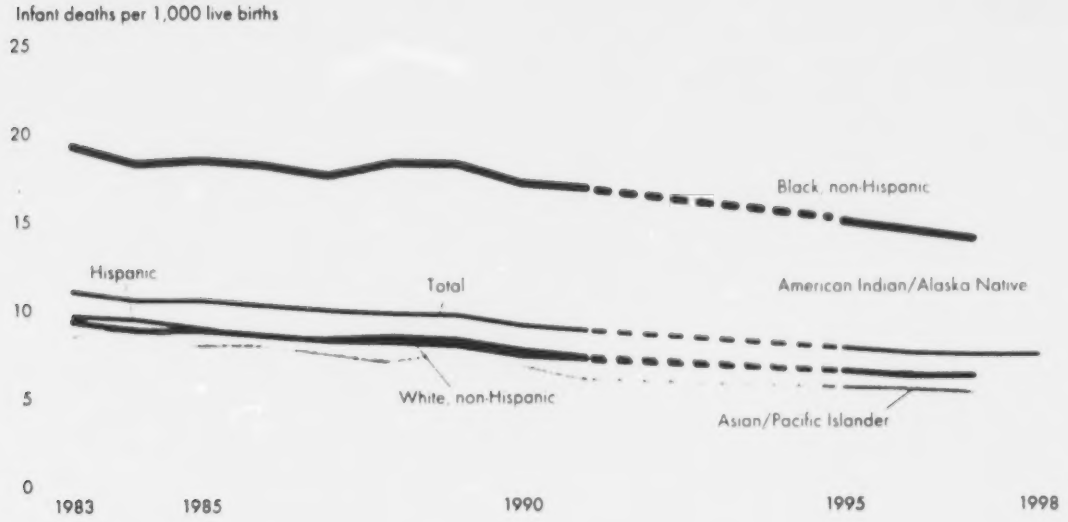
- The percentage of infants born of low birthweight was 7.6 in 1998, up slightly from 7.5 percent in 1997. The low-birthweight rate has increased slowly but steadily since 1984. The 1998 rate is the highest since 1973.[5]
- The low-birthweight rate for black, non-Hispanic infants declined during the 1990s, to 13.1 percent in each year, 1996 and 1997, before rising slightly to 13.2 in 1998, but is still higher than levels reported for the early to mid-1980s. The low-birthweight rate has risen during the 1990s for white, non-Hispanic infants, from 5.6 percent in 1990 to 6.6 percent in 1998. The rate of low birthweight among Hispanic infants remained at 6.4 percent in 1998. The rate of low birthweight for American Indian/Alaska Native infants was 6.8 percent, and the overall rate for Asian/Pacific Islander infants was 7.4 percent in 1998.
- The percentage of low-birthweight births varies widely within Hispanic and Asian/Pacific Islander subgroups. Among Hispanics, women of Mexican origin had the lowest percentage of low-birthweight infants (6.0 percent) and Puerto Ricans the highest (9.7 percent). Among Asian/Pacific Islander subgroups, low birthweight was lowest for births to women of Chinese origin (5.3 percent) and highest for women of Filipino origin (8.2 percent).
- About 1.4 percent of infants were born with very low birthweight (less than 1,500 grams) in each year between 1996 and 1998, up from 1.3 percent in each year between 1989 and 1995, and 1.2 percent in each year between 1981 and 1988.
- One reason for the increase in low birthweight over the past several years is that the number of twin, triplet, and higher-order multiple births has increased.[5,37,38] Twins and other multiples are much more likely than singleton infants to be of low birthweight; 54 percent of twins and 94 percent of triplets, compared with 6 percent of singletons, were of low birthweight in 1998.[5]

Bullets contain references to data that can be found in Table HEALTH4 on page 88. Endnotes begin on page 58.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality of access to medical care, socioeconomic conditions, and public health practices.[39] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. About one-third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke or access to health care.[40]

Indicator HEALTH5 **Infant mortality rate by race and Hispanic origin, selected years 1983-98**



NOTE: 1998 data are preliminary. Data are available for 1983-91 and 1995-98.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked File of Live Births and Infant Deaths and National Vital Statistics System.

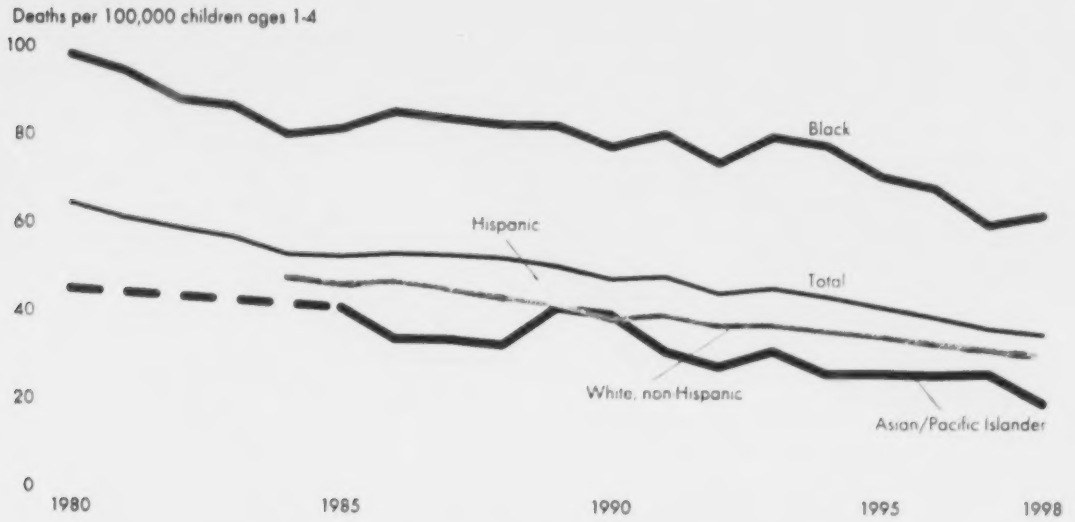
- The 1998 infant mortality rate for the United States, according to preliminary data, was 7.2 deaths per 1,000 births, substantially below the 1983 rate of 10.9.
- Infant mortality data are available by mother's race and ethnicity through 1997.[41] Black, non-Hispanics have consistently had a higher infant mortality rate than white, non-Hispanics. In 1997, the black, non-Hispanic infant mortality rate was 13.7, compared with 6.0 for white, non-Hispanics.
- Infant mortality has dropped for all race and ethnic groups over time, but there are still substantial racial and ethnic disparities in infant mortality. In 1997, black, non-Hispanic and American Indian/Alaska Native infants had significantly higher infant mortality rates than white, non-Hispanic, Hispanic, and Asian/Pacific Islander infants. In 1997, infant mortality rates varied from 5.0 among Asian/Pacific Islander infants and 6.0 among Hispanics to 8.7 among American Indians/Alaska Natives.
- Infant mortality rates also vary within race and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate ranged from 5.5 for infants of Central and South American and Cuban origin to a high of 7.9 for Puerto Ricans. Among Asians/Pacific Islanders, infant mortality rates ranged from 3.1 for infants of Chinese origin to 5.8 for Filipinos.

Bullets contain references to data that can be found in Table HEALTH5 on page 89. Endnotes begin on page 58.

Child Mortality

Child mortality rates are the most severe measure of ill health in children. These rates have generally declined over the past two decades. In 1997, unintentional injuries, birth defects, and cancer were the leading causes of death among children ages 1 to 4, while at ages 5 to 14, unintentional injuries, cancer, and homicide were the leading causes of death.

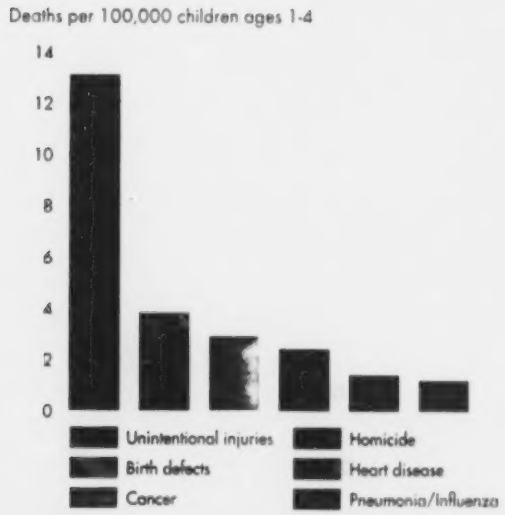
Indicator HEALTH6.A **Death rate among children ages 1 to 4 by race and Hispanic origin, 1980-98**



NOTE: Total includes American Indians/Alaska Natives. Mortality rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates. 1998 data are preliminary.

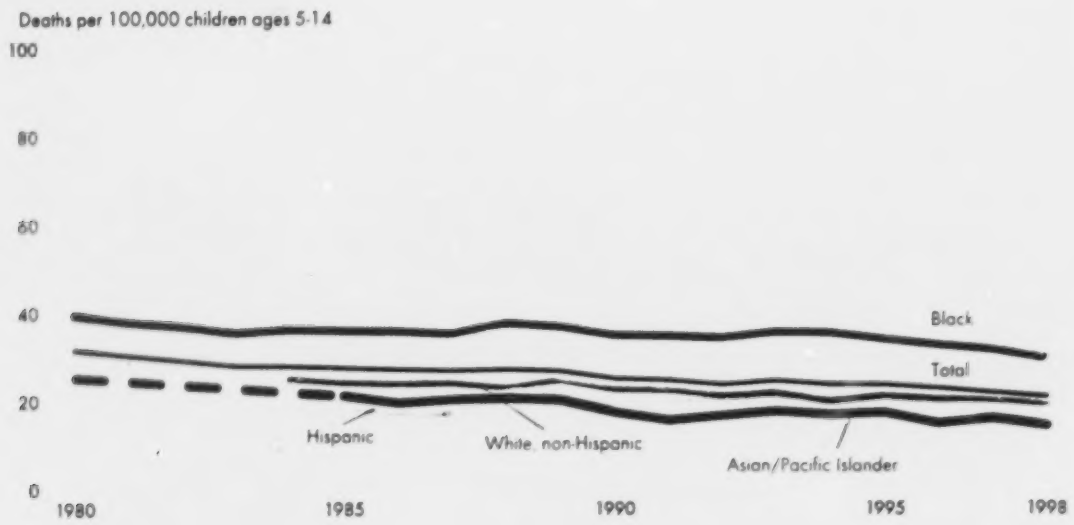
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Death rates among children ages 1 to 4 by cause of death, 1997



- In 1998, the death rate for children ages 1 to 4 was 31 per 100,000 children, according to preliminary data.
- Among children ages 1 to 4, black children had the highest death rate in 1998, at 61 per 100,000 children (preliminary data). Asian/Pacific Islander children had the lowest death rate, at 19 per 100,000.
- Between 1980 and 1998, the death rate declined by almost half for children ages 1 to 4.
- Among children ages 1 to 4, unintentional injuries were the leading cause of death, followed by birth defects. The mortality rate from unintentional injuries in 1997 was about half of what it was in 1980, having declined from about 26 to 13 per 100,000. Mortality from birth defects also declined by about half, from 8 deaths per 100,000 in 1980 to 4 in 1997.
- Most unintentional injury deaths among children result from motor vehicle traffic crashes. Use of child restraint systems, including safety seats, booster seats, and seat belts, can greatly reduce the number and severity of injuries to child occupants of motor vehicles. In 1997, 66 percent of child occupants ages 1 to 4 who died in crashes were unrestrained.[42]

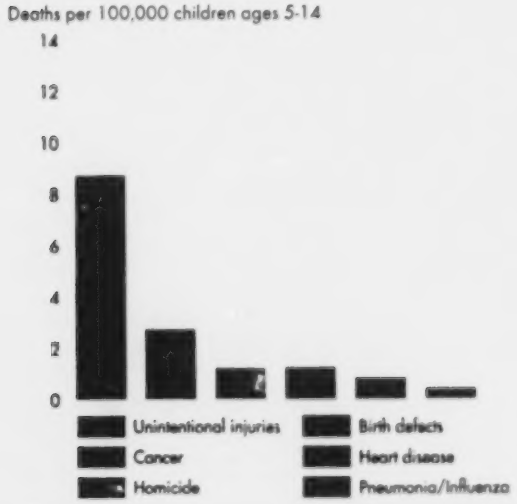
Indicator HEALTH6.B Death rate among children ages 5 to 14 by race and Hispanic origin, 1980-98



NOTE: Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates. 1998 data are preliminary.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Death rates among children ages 5 to 14 by cause of death, 1997



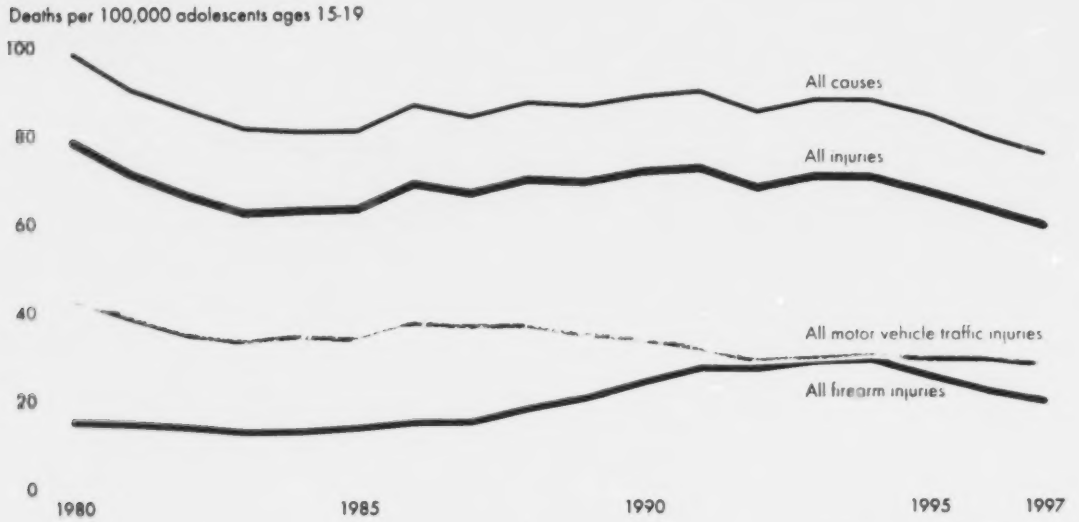
- The death rate in 1998 for children ages 5 to 14 was 20 per 100,000 children, according to preliminary data.
- Among children ages 5 to 14, black children had the highest death rates in 1998 at 29 deaths per 100,000 (preliminary data), and Asians/Pacific Islanders had the lowest death rate at 14.
- Between 1980 and 1998, the death rate declined by almost one-third, from 31 to 20 deaths per 100,000 children ages 5 to 14.
- Among children ages 5 to 14, unintentional injuries were the leading cause of death, followed by cancer, homicide, and birth defects.
- The majority of unintentional injury deaths among children ages 5 to 14 result from motor vehicle traffic crashes. Over 75 percent of children ages 5 to 14 who died in traffic crashes in 1997 were not wearing a seatbelt or other restraint.[42]

Bullets contain references to data that can be found in Tables HEALTH6.A and HEALTH6.B on pages 90 and 91. Endnotes begin on page 58.

Adolescent Mortality

Compared with younger children, adolescents ages 15 to 19 have much higher mortality rates. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.[43] This difference illustrates the importance of looking separately at mortality rates and causes of death among teenagers ages 15 to 19.

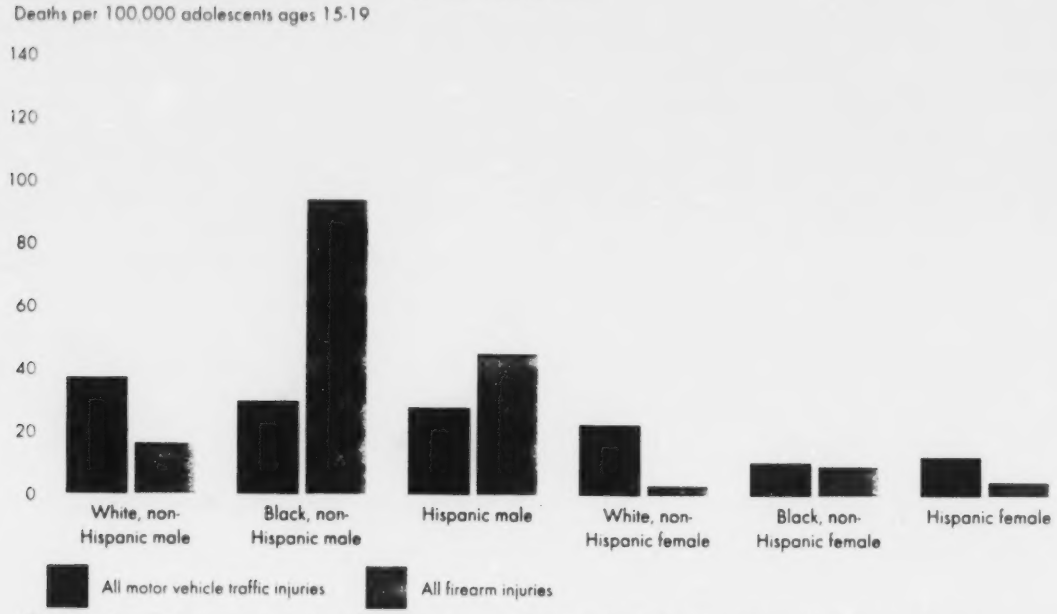
Indicator HEALTH7.A **Mortality rate among adolescents ages 15 to 19 by cause of death, 1980-97**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1997, the death rate for adolescents ages 15 to 19 was 75 deaths per 100,000. After increasing to 89 per 100,000 in 1991, the rate declined again and continues to be substantially lower than the rate in 1980. Injury, which includes homicide, suicide, and unintentional injuries, continues to account for nearly 4 out of 5 deaths among adolescents.
- Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15 to 19. Motor vehicle traffic-related injuries accounted for 36 percent of deaths in this age group during 1997, while injuries from firearms accounted for 25 percent.[44]
- Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 1997, but the death rate declined by one-third during the time period. Little change, however, has occurred since 1992.
- In 1980, motor vehicle traffic-related deaths among adolescents ages 15 to 19 occurred almost three times as often as firearm injuries (intentional and unintentional).
- Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985, both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992-94, the two rates differed only slightly. However, since 1994, the firearm death rate has decreased by one-third while the motor vehicle death rate has only decreased slightly, increasing the relative difference between the two causes again.
- Most of the increase in firearm injury deaths between 1985 and 1992 resulted from an increase in homicides. The firearm homicide rate among 15- to 19-year-olds more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 1997, the firearm homicide rate declined by nearly one-third and the firearm suicide rate declined by about one-fourth.

Indicator HEALTH7.B **Injury death rate among adolescents ages 15 to 19 by gender, race, Hispanic origin, and type of injury, 1997**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

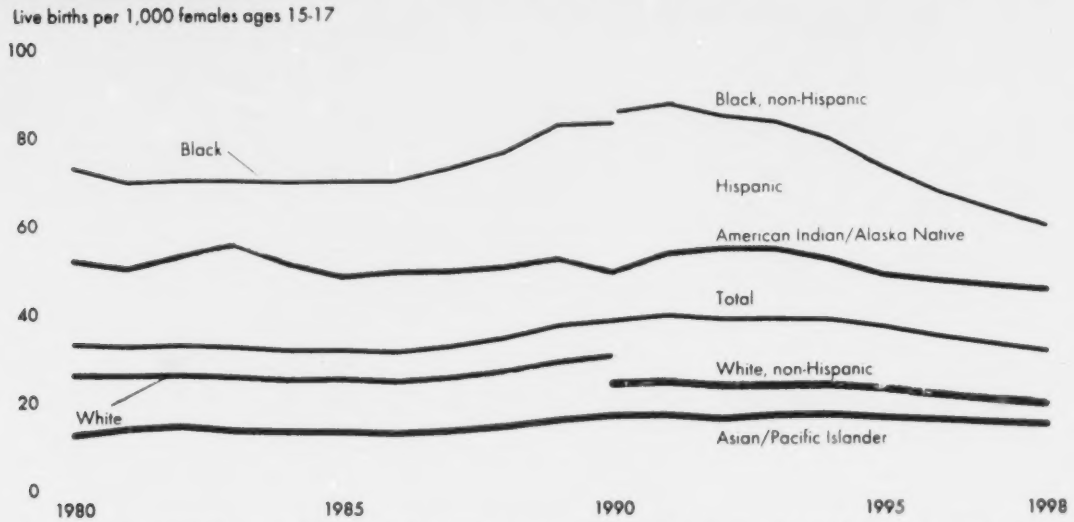
- Motor vehicle and firearm injury deaths were both more common among male than among female adolescents. In 1997, the motor vehicle traffic death rate for males was nearly twice the rate for females, and the firearm death rate among males was seven times that for females.
- Among adolescents in 1997, motor vehicle injuries were the most common cause of death among white, non-Hispanic males and females; black, non-Hispanic females; and Hispanic females. Firearm injuries were the most common cause of death among black, non-Hispanic and Hispanic males. Black, non-Hispanic males were three times as likely to die from a firearm injury as from a motor vehicle traffic injury.
- Deaths from firearm suicides were more common than deaths from firearm homicides among white, non-Hispanic adolescents. Deaths from firearm homicides were more common than deaths from firearm suicides among black, non-Hispanic and Hispanic adolescents.
- Motor vehicle and firearm mortality declined more for males than for females between 1994 and 1997.
- Deaths from firearm injuries among teenagers declined substantially between 1994 and 1997, particularly among black, non-Hispanic and Hispanic males. From 1994 to 1997, the firearm homicide rates for Hispanic and black, non-Hispanic adolescent males declined substantially to 33 and 81 per 100,000, respectively.

Bullets contain references to data that can be found in Table HEALTH7 on page 92. Endnotes begin on page 58.

Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother, her child, and society. The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age. Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[5,36] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[45] These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.[46]

Indicator HEALTH8 **Birth rate for females ages 15 to 17 by race and Hispanic origin, 1980-98**



NOTE: Rates for 1980-89 are calculated for all whites and all blacks. Rates for 1980-89 are not shown for Hispanics; white, non-Hispanics or black, non-Hispanics because estimates for these populations were not available.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

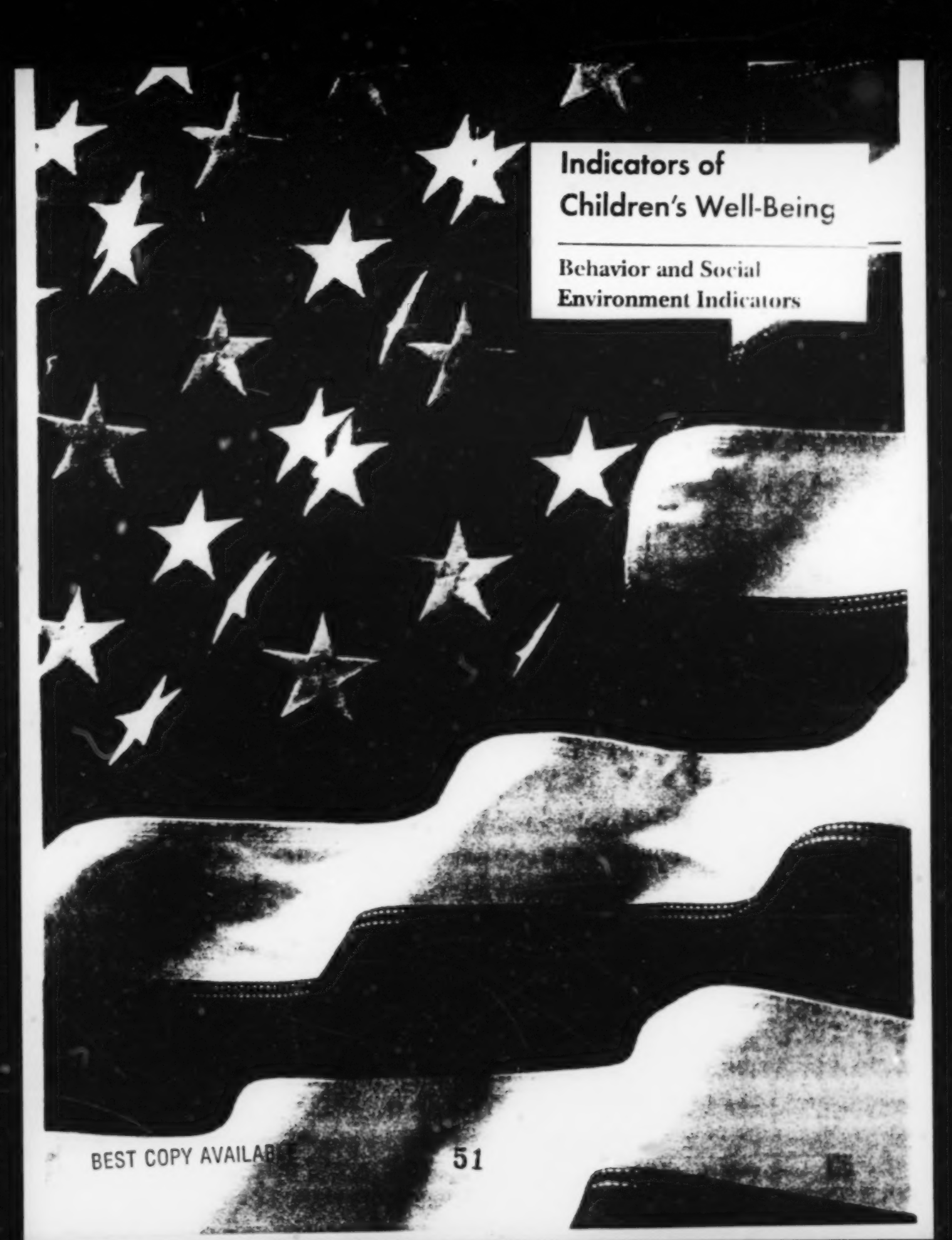
- In 1998, the adolescent birth rate was 30 per 1,000 young women ages 15 to 17. There were 173,231 births to these young women in 1998. The 1998 rate was a record low for the Nation.[5]
- The birth rate among teenagers ages 15 to 17 declined from 39 to 30 births per 1,000 between 1991 and 1998. This decline follows a period of substantial increase between 1986 and 1991. During the early 1980s, the rate declined slightly and reached a low in 1986.
- There are substantial racial and ethnic disparities in birth rates among adolescents ages 15 to 17. In 1998, the birth rate for this age group was 14 per 1,000 for Asians/Pacific Islanders, 18 for white, non-Hispanics, 44 for American Indians/Alaska Natives, 59 for black, non-Hispanics, and 62 for Hispanics.
- The birth rate for black, non-Hispanic females ages 15 to 17 dropped by nearly one-third between 1991 and 1998, essentially reversing the increase from 1986 to 1991. The birth rate for white, non-Hispanic teens declined by more than one-fifth during 1991-98. In contrast, the birth rate for Hispanics in this age group did not begin to decline until after 1994; the rate fell by one-sixth from 1994 to 1998.
- In 1998, 87 percent of births to young teenagers were births to unmarried mothers, compared with 62 percent in 1980.
- While nearly four-fifths of all adolescent births are first births, the steepest decline in birth rates for young teenagers in the 1990s has been for second births to adolescents who have already had one child.[5,47]
- The pregnancy rate (the sum of births, abortions, and fetal losses per 1,000) declined by one-sixth for teenagers ages 15 to 17 during 1990-96, reaching a record low of 68 per 1,000 in 1996. Rates for births, abortions, and fetal losses declined for young teenagers in the 1990s.[48]
- Declines in overall teenage birth rates are greater than the reductions observed for unmarried teenagers (POP6A). Birth rates for married teenagers have fallen sharply in the 1990s, but relatively few teenagers are married.[49]

Bullets contain references to data that can be found in Table HEALTH8 on page 93. Endnotes begin on page 58.

Health

National indicators in several key dimensions of health are not yet available because of difficulty in definitions and measurement, particularly through survey research. The following health-related areas have been identified as priorities for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* Research continues toward the development of improved measures of disability among children that can be derived from regularly available data. Disability in children may involve chronic health conditions or limitations in mobility and physical movement, sensory and communicative ability, activities of daily living, or cognitive and mental health functions. Many definitions of disability are currently in use by policy-makers and researchers, but there is little agreement regarding which components should be included, or how they are best measured. Parental or individual perceptions of limitations, the severity and impact of the limitation, and access to health care and services affect any estimate of disability among children.
- *Mental health.* Efforts are currently underway to evaluate data from a mental health indicator that could be used in national surveys to estimate the number of children with mental, emotional, and behavioral problems. The National Institute of Mental Health and the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration are working with other Forum agencies and academic researchers to determine data needs on mental health for children as well as the best methods of obtaining the data.
- *Child abuse and neglect.* Also needed are regular, reliable estimates of the incidence of child abuse and neglect that are based on sample surveys rather than administrative records. Since administrative data are based on cases reported to authorities, it is likely that these data underestimate the magnitude of the problem. Estimates based on sample survey data could potentially provide more accurate information; however, a number of issues still persist, including how to effectively elicit this sensitive information, how to identify the appropriate respondent for the questions, and whether there is a legal obligation to report abuse or neglect.



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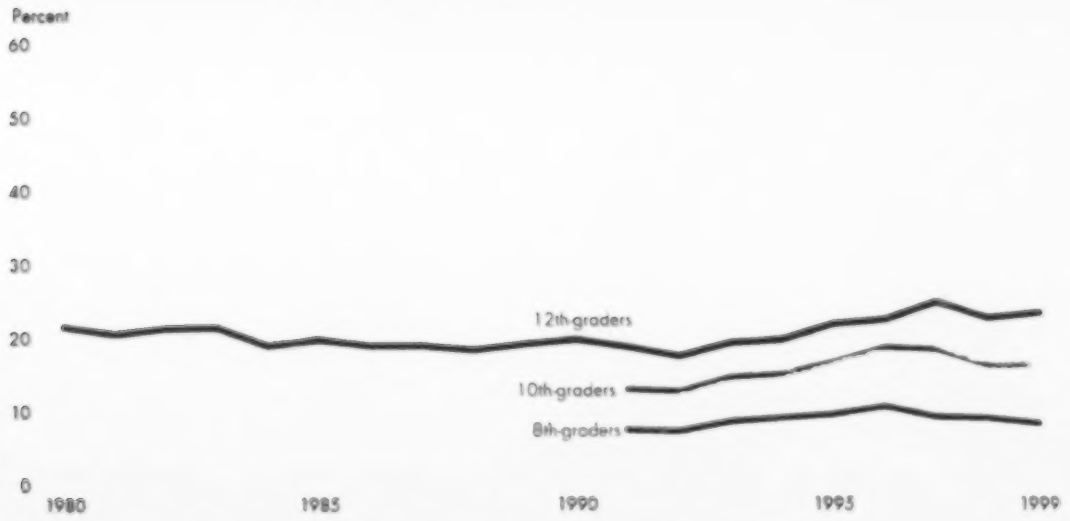
Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death.[50] Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.[51] These consequences underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1 **Percentage of students who reported smoking cigarettes daily in the previous 30 days by school grade, 1980-99**



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

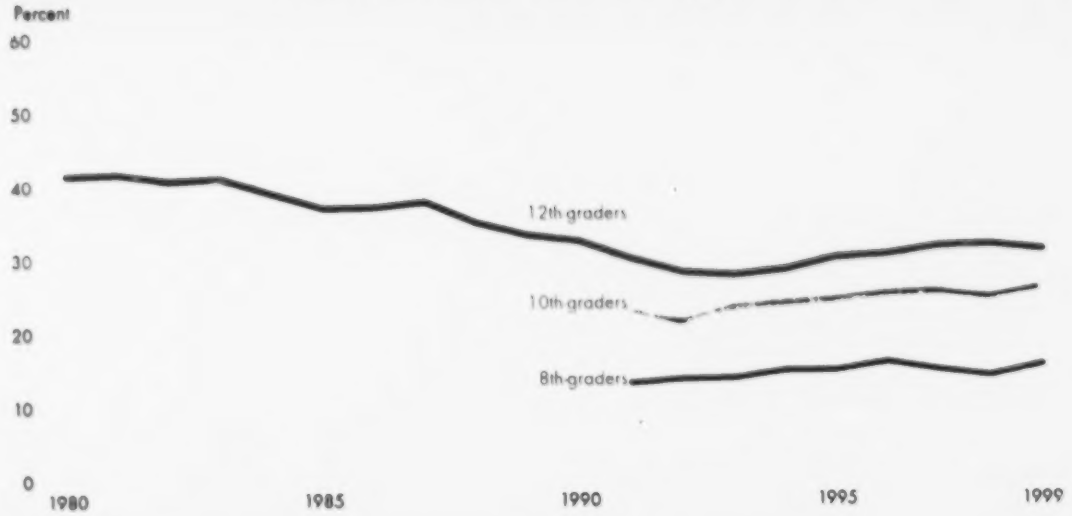
- In 1999, 8 percent of 8th-graders, 16 percent of 10th-graders, and 23 percent of 12th-graders reported smoking cigarettes daily in the previous 30 days. Rates of daily smoking peaked in 1996 for 8th- and 10th-graders (between 1991 and 1999) and in 1997 for 12th-graders (between 1980 and 1999). Among 8th- and 10th-graders, daily smoking declined steadily between 1996 and 1999. Among 12th-graders, daily smoking decreased between 1997 and 1998 and remained unchanged in 1999.
- Although the 1998 daily smoking rate among 12th-graders decreased from its high mark of 25 percent in 1997, the 1999 rate of 23 percent is the second highest since 1979. Long-term trends for high school seniors show that daily smoking declined from 21 percent in 1980 to 17 percent in 1992 and has been higher in subsequent years in spite of some fluctuations between 1996 and 1998.
- Females and males report similar rates of daily smoking. Seven percent of 8th-grade males smoke daily, while 16 percent of 10th- and 24 percent of 12th-grade males do so. For females, rates are 8, 16, and 22 percent for 8th-, 10th-, and 12th-graders, respectively.
- Rates of smoking differ substantially among racial and ethnic groups. White students have the highest rates of smoking, followed by Hispanics and then blacks. In 1999, 27 percent of white 12th-graders reported daily smoking, compared with 14 percent of Hispanics and 8 percent of blacks.

Bullets contain references to data that can be found in Table BEH1 on page 94. Endnotes begin on page 58.

Alcohol Use

Alcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.[52] Heavy drinking in adolescence may be especially problematic, potentially increasing the likelihood of negative outcomes.

Indicator BEH2 **Percentage of students who reported having five or more alcoholic beverages in a row in the last 2 weeks by grade, 1980-99**



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

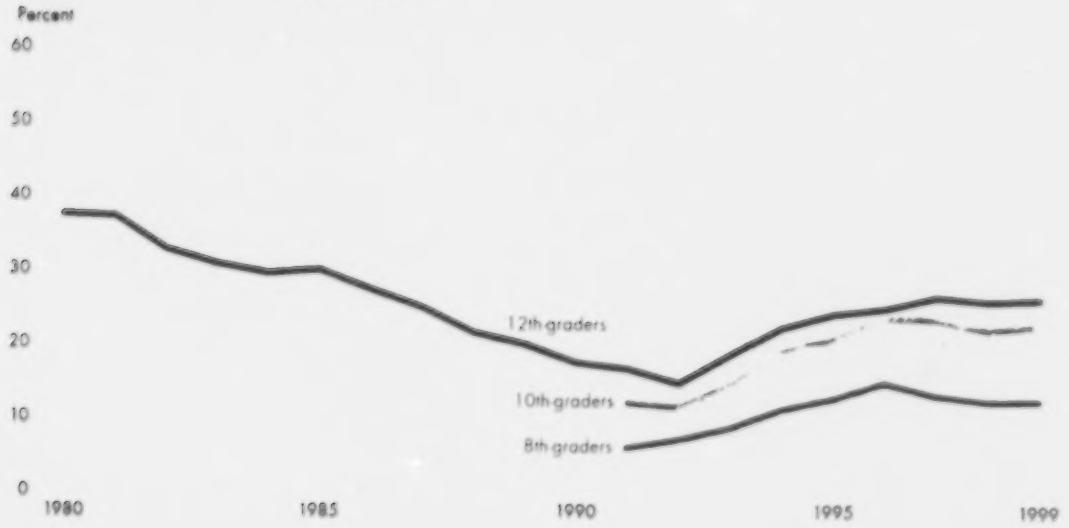
- In 1999, heavy drinking remained unchanged from 1998, with 31 percent of 12th-graders, 26 percent of 10th-graders, and 15 percent of 8th-graders reporting heavy drinking (i.e., having at least five drinks in a row in the previous 2 weeks).
- Long-term trends for high school seniors indicate a peak in 1981, when 41 percent reported heavy drinking. Subsequently, the percentage of high school seniors reporting heavy drinking declined significantly to a low of 28 percent in 1993. Since 1995, the prevalence of this behavior has held fairly steady, ranging from 30 percent in 1995 to 32 percent in 1998.
- Among 10th- and 12th-graders, males are more likely to drink heavily than are females. In 1999, 38 percent of 12th-grade males reported heavy drinking, compared to 24 percent of 12th-grade females. Among 10th-graders, 30 percent of males reported heavy drinking, compared to 22 percent of females. As adolescents get older, the differences between males and females in this drinking behavior become more pronounced.
- For the youngest students surveyed, males are still more likely to report heavy alcohol use than are females. However, the difference in rates is not as pronounced as in the older grades. Among 8th-graders in 1999, 16 percent of males and 14 percent of females reported heavy alcohol use.
- Heavy drinking is much more common among Hispanic and white secondary school students than among their black counterparts. For example, among 12th-graders, 12 percent of blacks reported heavy drinking compared with 36 percent of whites and 29 percent of Hispanics. Similarly, among 10th-graders, 13 percent of blacks reported heavy drinking, compared with 27 percent of whites and 28 percent of Hispanics.

Bullets contain references to data that can be found in Table BEH2 on page 95. Endnotes begin on page 58.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders to disability to death from heart attacks and strokes.[53] Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.[54] Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.[55] Possession or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. As is the case with alcohol use and smoking, drug use is a risk-taking behavior that has serious negative consequences.

Indicator BEH3 **Percentage of students who reported using illicit drugs in the previous 30 days by grade, 1980-99**



NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), amphetamines, and non-medical use of psychotherapeutics.

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

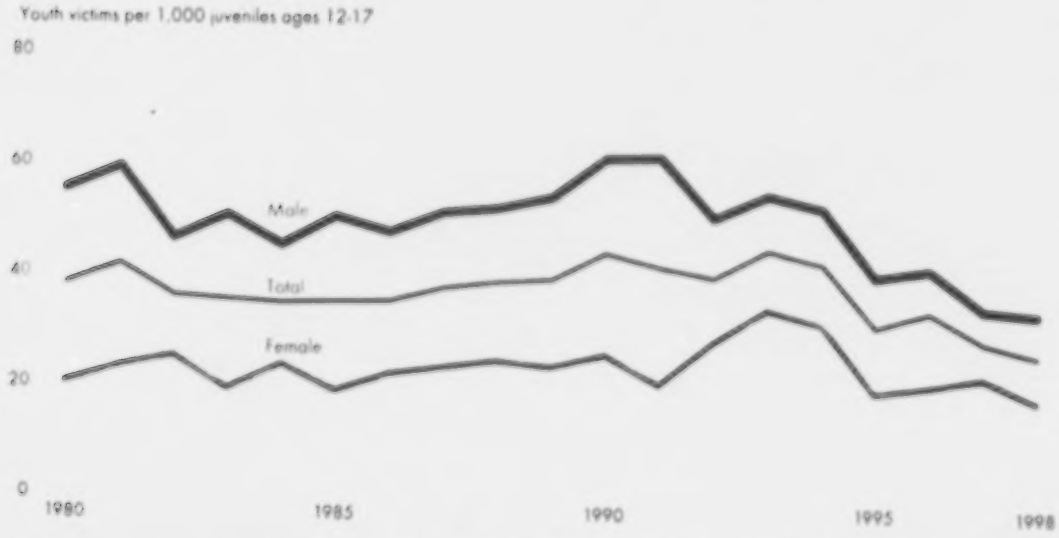
- The percentage of 8th-, 10th-, and 12th-graders reporting illicit drug use in the past 30 days remained unchanged between 1998 and 1999. In 1999, 26 percent of 12th-graders reported using illicit drugs in the previous 30 days, as did 22 percent of 10th-graders and 12 percent of 8th-graders.
- The percentage of students in each grade level reporting illicit drug use in the past 30 days increased substantially between 1992 and 1996—from 14 to 25 percent for 12th-graders, from 11 to 23 percent for 10th-graders, and from 7 to 15 percent for 8th-graders. Since 1996, rates have remained stable or have decreased.
- Long-term trends for 12th-graders indicate that illicit drug use declined from 37 percent in 1980 to 14 percent in 1992. After 1992, rates began to rise sharply, reaching 26 percent in 1997 and remaining stable in 1998 and 1999.
- Among 12th-graders, males are more likely to use illicit drugs than females. In 1999, 29 percent of male 12th-graders reported using illicit drugs, compared with 23 percent of females. For 8th-graders, however, males and females are equally likely to report the use of illicit drugs, with 13 percent of males and 12 percent of females reporting use in the last 30 days.
- Twenty-seven percent of white 12th-graders reported illicit drug use in 1999, compared with 20 percent of black and 24 percent of Hispanic 12th-graders. Among 10th-graders, 23 percent of whites, 16 percent of blacks, and 24 percent of Hispanics reported illicit drug use in the past 30 days, while for 8th-graders, the rates were 11 percent for both whites and blacks and 17 percent for Hispanics.

Bullets contain references to data that can be found in Table BEH3 on page 96. Endnotes begin on page 58.

Youth Victims and Perpetrators of Serious Violent Crimes

Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, serious violence can adversely affect victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.[56] Youth ages 12 to 17 are nearly three times more likely than adults to be victims of serious violent crimes,[57] which include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.

Indicator BEH4.A **Rate of serious violent crime victimization of youth ages 12 to 17 by gender, 1980-98**



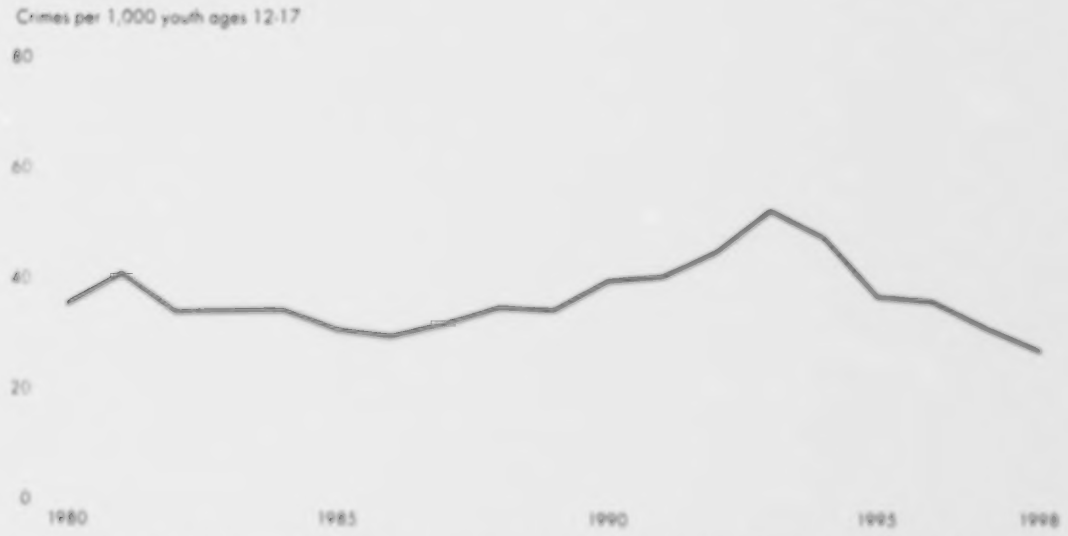
NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 1998, the rate at which youth were victims of serious violent crimes was 25 crimes per 1,000 juveniles ages 12 to 17, totaling about 570,000 such crimes.
- The serious violent crime victimization rate fluctuated between 34 and 43 per 1,000 from 1980 to 1990 and peaked at 44 per 1,000 in 1993. Since 1993, the rate of serious violent crime against youth has decreased to 25 per 1,000 in 1998.
- Males are nearly twice as likely as females to be victims of serious violent crimes. In 1998, the serious violent crime victimization rate was 32 per 1,000 male youth, compared with 17 per 1,000 female youth.
- Younger teens (ages 12 to 14) are somewhat less likely than older teens (ages 15 to 17) to be victims of serious violent crimes. In 1998, the serious violent crime victimization rates were 20 per 1,000 for younger teens and 29 per 1,000 for older teens.

The level of youth violence in society can be viewed as an indicator of the collective failure on the part of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms and of youth to control their behavior. One measure of the serious violent crime committed by juveniles is the incidence rate of serious violent juvenile crime.

Indicator BEH4.B **Serious violent crime offending rate by youth ages 12 to 17, 1980-98**



NOTE: The numerator is the number of violent crimes (aggravated assault, rape, and robbery) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age. The denominator is the number of juveniles in the population. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey; Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 1998, the serious violent juvenile crime offending rate was 27 crimes per 1,000 juveniles ages 12 to 17, totaling 616,000 such crimes involving juveniles. The rate dropped by over half from the 1993 high and was the lowest level recorded since the national victimization survey began in 1973.
- Between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000 and then began to increase from 34 per 1,000 in 1989 to a high of 52 per 1,000 in 1993. Since then, the rate has steadily dropped to 27 per 1,000 in 1998.
- Between 1980 and 1998, the percentage of all serious violent crime involving juvenile offenders has ranged from 19 percent in 1982 to 26 percent in 1993, the peak year for youth violence. In 1998, 22 percent of all such victimizations involved a juvenile offender.
- In 1998, in about half (53 percent) of all serious violent juvenile crimes, victims reported that more than one offender was involved in the incident. Because insufficient detail exists to determine the age of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the number of crimes committed involving juveniles ages 12 to 17 in relation to the juvenile population.

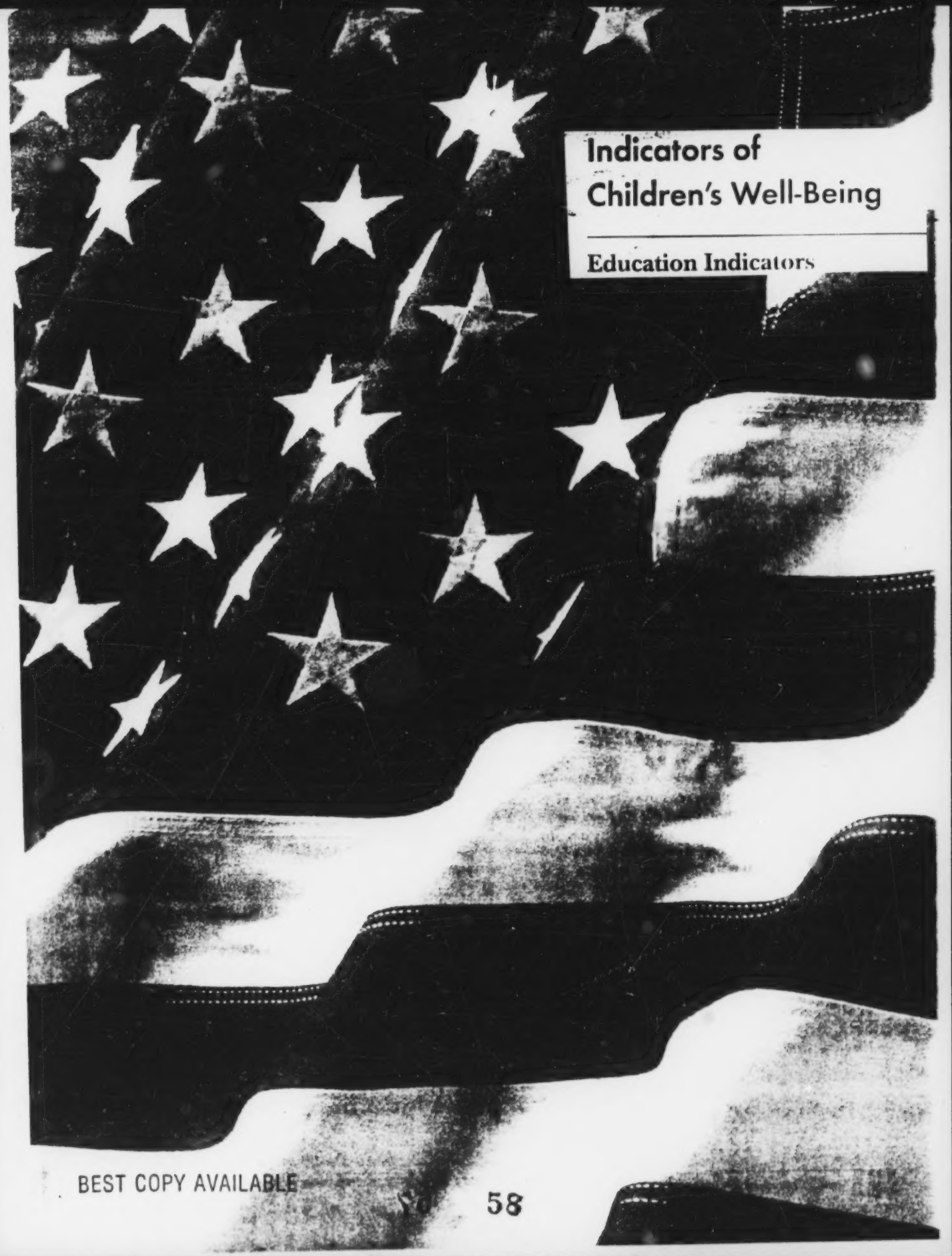
Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on pages 97 and 98. Endnotes begin on page 58.

Indicators Needed

Behavior and Social Environment

A broader set of indicators than those presented in this section is needed to adequately monitor the social environment and behaviors of youth. This year's report includes a special feature on youth participation in volunteer activities. Other behavior and social environment measures are needed on:

- *Indicators of positive behaviors.* The participation of youth in positive activities and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. Additional research needs to be conducted to strengthen our understanding of positive activities and the aspects of those activities that protect youth from risk. Then, regular sources of data that can be used to monitor trends in these important areas over time need to be developed. In addition to this year's special feature on youth participation in volunteer activities, examples of positive activities might include participation in extracurricular activities such as school clubs and team sports, scouting, or involvement with religious organizations. Forum agencies are also examining the positive aspects of family connectedness and the measurement, in various Federal surveys, of youths' feelings of closeness with their parents.
- *Neighborhood environment.* Research shows that growing up in distressed neighborhoods has an effect over and above that of individual or family background characteristics on child well-being. A survey is being developed that would, for the first time, enable the monitoring of America's communities and neighborhoods over time and identify distressed neighborhoods in which children are living.
- *Youth violence.* The indicator on serious violent crime offending by youth in this report does not provide critical information on the number and characteristics of youthful offenders involved in serious crime. Additional work is needed to produce a more comprehensive and useful measure of the prevalence of violence among young people.



Indicators of Children's Well-Being

Education Indicators

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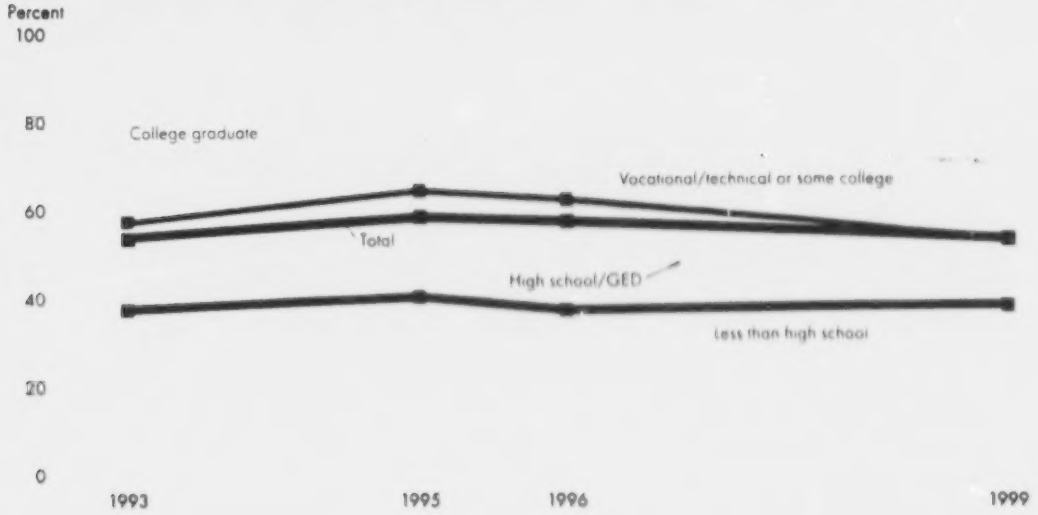
Family Reading to Young Children

Reading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.[58] The percentage of young children read aloud to daily by a family member is one indicator of how well young children are prepared for school. Mother's education is consistently related to whether children are read to by a family member.

Indicator ED1 **Percentage of children ages 3 to 5 who were read to every day in the last week by a family member by mother's education, selected years 1993-99**



NOTE: Data are available for 1993, 1995, 1996, and 1999. Estimates are based on children ages 3 to 5 who have yet to enter kindergarten.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

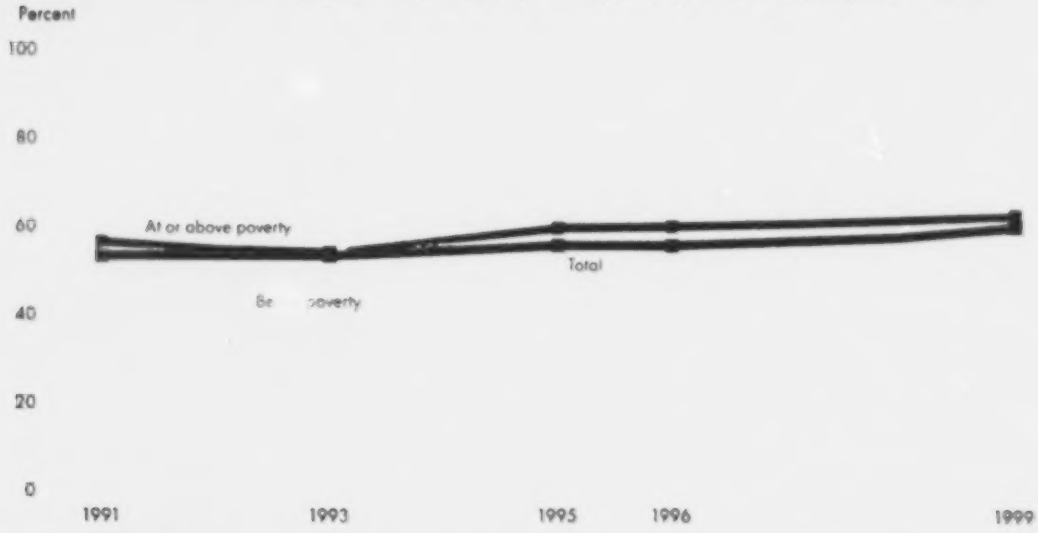
- In 1999, 53 percent of children ages 3 to 5 were read to daily by a family member, the same as in 1993 after increasing to 57 percent in 1996.
- As a mother's education increases, so does the likelihood that her child is read to every day. In 1999, 70 percent of children whose mothers were college graduates were read aloud to every day. In comparison, daily reading aloud occurred for 53 percent of children whose mothers had some postsecondary education, 44 percent whose mothers had completed high school but had no education beyond that, and 38 percent whose mothers had not completed high school.
- White, non-Hispanic children are more likely to be read aloud to every day than either black, non-Hispanic or Hispanic children. Sixty-one percent of white, non-Hispanic children, 41 percent of black, non-Hispanic children, and 33 percent of Hispanic children were read to every day.
- Children in families with incomes below the poverty line are less likely to be read aloud to every day than are children in families with incomes at or above the poverty line. Thirty-eight percent of children in families in poverty were read to every day in 1999, down from 46 percent in 1996, compared with 58 percent of children in families at or above the poverty line, down from 61 percent in 1996.
- Children living with two parents are more likely to be read aloud to every day than are children who live with one or no parent. Fifty-seven percent of children in two-parent households were read to every day in 1999, compared with 42 percent of children living with one or no parent.

Bullets contain references to data that can be found in Table ED1 on page 99. Endnotes begin on page 58.

Early Childhood Care and Education

Like family reading, participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Studies have demonstrated that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.[59] Until an ongoing direct measure of preschoolers' cognitive, behavioral, and social skills is available for this monitoring report, this indirect indicator monitors the percentage of children who are exposed to a variety of early childhood education programs.

Indicator ED2 **Percentage of children ages 3 to 5 who are enrolled in center-based early childhood care and education programs by poverty status, selected years 1991-99**



NOTE: Data are available for 1991, 1993, 1995, 1996, and 1999. Estimates are based on children who have yet to enter kindergarten. Poverty estimates for 1991 and 1993 are not comparable to later years.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

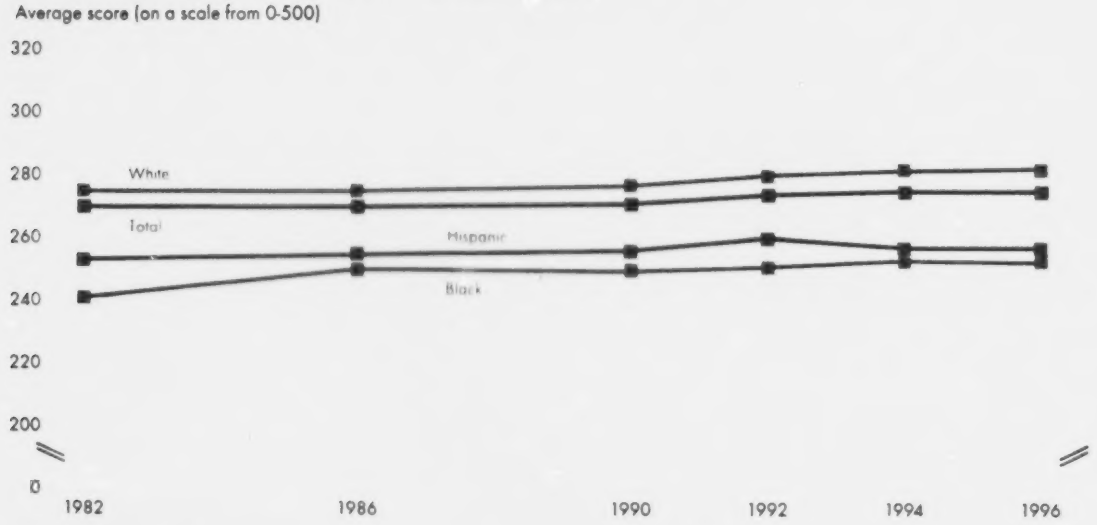
- Fifty-nine percent of children ages 3 to 5 who had not yet entered kindergarten attended center-based early childhood care and education programs in 1999. These programs include day care centers, nursery schools, preschool programs, Head Start programs, and prekindergarten programs.
- Between 1996 and 1999, the percentage of children of this age attending early childhood programs increased from 55 to 59 percent. Most groups of children had higher participation rates in 1999 than in 1996, but especially noteworthy were increases among children living in poverty, among children with mothers who were not in the labor force, and among black, non-Hispanic and other minority children.
- Children living in poverty were still less likely to attend these programs than those living in families at or above poverty in 1999 (52 percent compared with 62 percent).
- Children with more highly educated mothers were more likely to attend an early childhood center than others. Seventy-four percent of children whose mothers had completed college attended such programs in 1999, compared with 40 percent whose mothers had less than a high school education.
- Black, non-Hispanic children were more likely than white, non-Hispanic children or Hispanic children to attend an early childhood center. In 1999, 73 percent of black, non-Hispanic children ages 3 to 5 attended such programs, compared with 59 percent of white, non-Hispanic children and 44 percent of Hispanic children.

Bullets contain references to data that can be found in Table ED2 on page 100. Endnotes begin on page 58.

Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market as adults. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[60] Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress measures national trends in the academic performance of students at ages 9, 13, and 17.

Indicator ED3.A **Average mathematics scale scores for students age 13 by race and Hispanic origin, selected years 1982-96**



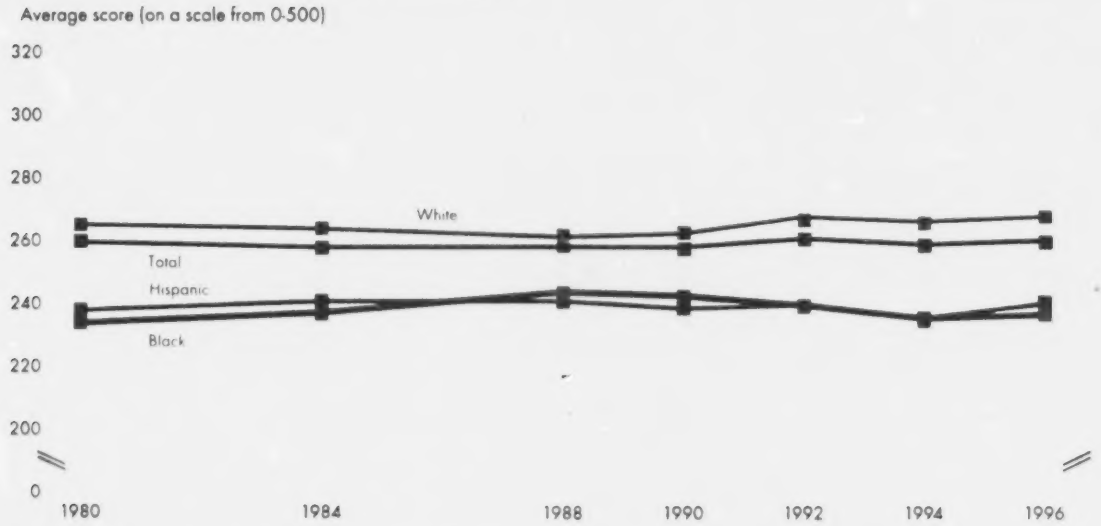
NOTE: Data are available for 1982, 1986, 1990, 1992, 1994, and 1996. The mathematics proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning
Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average mathematics scores increased for all age groups between 1982 and 1996.
- White students consistently have had higher reading and mathematics scores than either black or Hispanic students at ages 9, 13, and 17. However, the gaps between whites and blacks and between whites and Hispanics decreased in each subject in some age groups during the 1980s. Larger reductions in these gaps occurred during the 1970s because of gains in the scores of black and Hispanic students.

Indicator ED3.B **Average reading scale scores for students age 13 by race and Hispanic origin, selected years 1980-96**



NOTE: Data are available for 1980, 1984, 1988, 1990, 1992, 1994, and 1996. The reading proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

Level 150: Simple, discrete reading tasks
Level 200: Partial skills and understanding
Level 250: Interrelates ideas and makes generalizations
Level 300: Understands complicated information
Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

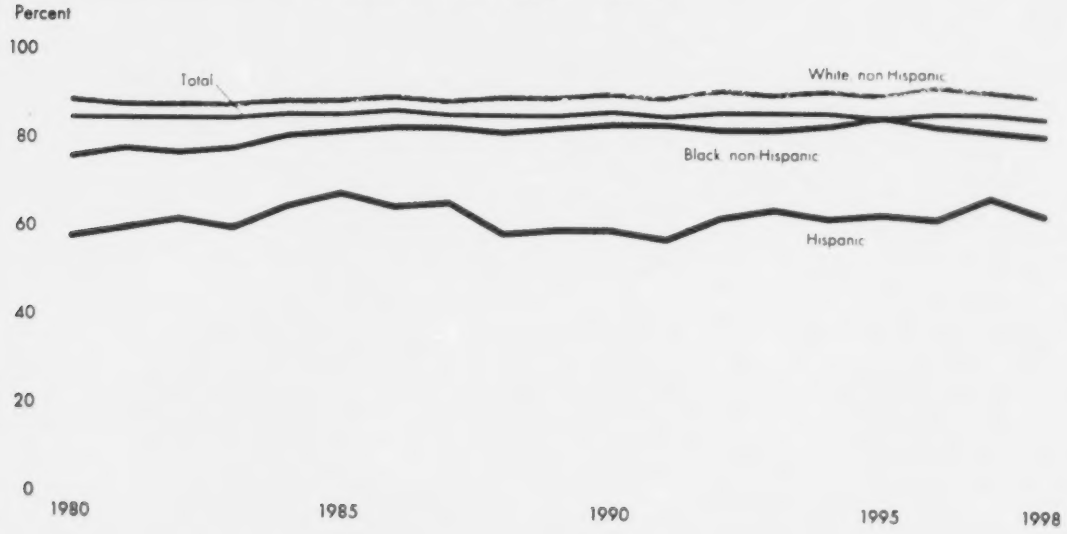
- Average reading scores have not improved among students ages 13 and 17 since 1980 and have declined slightly among 9-year-olds.
- On average, students at ages 13 and 17 whose parents have completed more years of school have higher reading and mathematics scores than do their peers whose parents have had fewer years of education.[61]
- Girls have consistently higher reading scores than boys at all ages. Boys outperformed girls in mathematics at all ages in 1996. For most prior years between 1980 and 1994, the differences between boys and girls in mathematics achievement at ages 9 and 13 were not significant, and boys slightly outperformed girls at age 17.

Bullets contain references to data that can be found in Tables ED3.A and ED3.B on pages 101 and 102. Endnotes begin on page 58.

High School Completion

A high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18 to 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs as well as higher education.

Indicator ED4 **Percentage of adults ages 18 to 24 who have completed high school by race and Hispanic origin, 1980-98**



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma.

SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

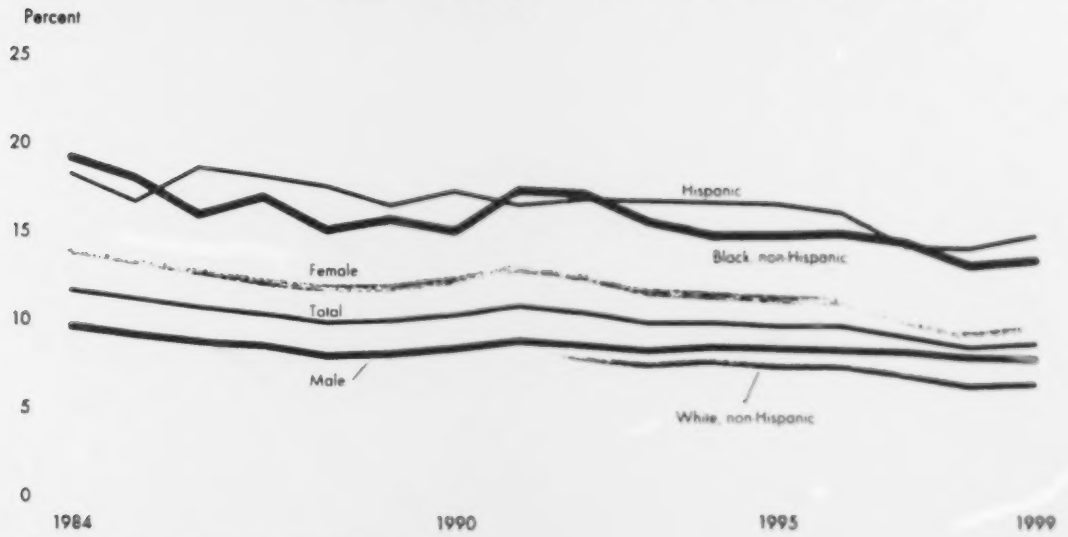
- In 1998, 85 percent of young adults ages 18 to 24 had completed high school, either with a diploma or an alternative credential such as a General Education Development (GED) test. The high school completion rate has fluctuated slightly since 1980, when it was 84 percent.
- The rate at which black, non-Hispanics completed high school increased markedly between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then, and was at 81 percent in 1998. Among white, non-Hispanics, high school completion rates increased slightly, from 88 percent in 1980 to 90 percent in 1998.
- Hispanics consistently have had a lower high school completion rate than either black, non-Hispanics or white, non-Hispanics. Their rate increased from 57 percent in 1980 to 67 percent in 1985 and then declined to 57 percent in 1991. The rate has fluctuated above 60 percent since then and was at 63 percent in 1998.
- Most young adults complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as the GED. The proportion of young adults ages 18 to 24 who had earned an alternative credential rose 5 percentage points in 3 years, from 5 percent in 1993 to 10 percent in 1996, while the proportion earning a regular diploma decreased about 5 percentage points over the same period and continued to decline to 75 percent in 1998.[62] This decline was particularly apparent among Hispanics, who obtained regular diplomas at a rate of 52 percent in 1998.

Bullets contain references to data that can be found in Table ED4 on page 103. Endnotes begin on page 58.

Youth Neither Enrolled in School Nor Working

The transition from adolescence to adulthood is a critical period in each individual's life. Youth ages 16 to 19 who are neither in school nor working are detached from both of the core activities that usually occupy teenagers during this period. Detachment from school or the work force, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs.[63] The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

Indicator ED5 **Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, and Hispanic origin, 1984-99**



SOURCE: U.S. Census Bureau, Current Population Survey.

- In 1999, about 8 percent of the Nation's 16- to 19-year-olds were neither enrolled in school nor working.
- The proportion of youth neither enrolled nor working has been declining since 1991, when it was 11 percent. Most of the decline in the proportion of youth neither enrolled nor working occurred among young women. In 1991, 13 percent of young women were neither in school nor working. By 1999, this proportion had decreased to 9 percent. Nevertheless, young women continue to be more likely to be detached from these activities than young men.
- Black, non-Hispanic and Hispanic youth are considerably more likely to be detached from these activities than white, non-Hispanic youth. In 1999, 13 percent of black, non-Hispanic youth and 14 percent of Hispanic youth were neither in school nor working, compared with 6 percent of white, non-Hispanic youth.
- The proportion of black, non-Hispanic youth who are neither enrolled in school nor working has decreased from 19 percent in 1984 to 13 percent in 1999. The proportion of Hispanic youth who are neither enrolled in school nor working has also decreased, from 18 percent in 1984 to 14 percent in 1999.
- Older youth, ages 18 to 19, are three times as likely to be detached from these activities as youth ages 16 to 17. In 1999, 13 percent of youth ages 18 to 19 were neither enrolled in school nor working compared with 4 percent of youth ages 16 to 17.

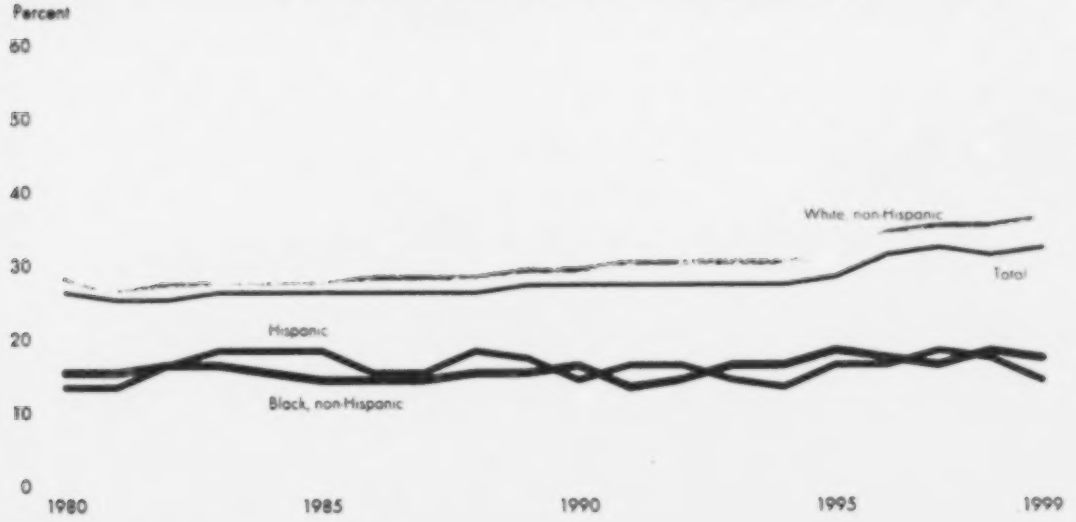
Bullets contain references to data that can be found in Table ED5 on page 104. Endnotes begin on page 58.

Higher Education

Higher education, especially completion of a bachelor's or more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.[64] The percentage of high school graduates who have completed a bachelor's degree is one measure of the percentage of young people who have successfully applied for and persisted through a program of higher education.

Indicator ED6

Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher by race and Hispanic origin, 1980-99



NOTE: Prior to 1992, this indicator was measured as completing 4 or more years of college rather than the actual attainment of a bachelor's degree.

SOURCE: U.S. Census Bureau, March Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 1999, 32 percent of high school graduates ages 25 to 29 had earned a bachelor's or a higher degree.
- This percentage increased slightly between 1980 and 1995, from 26 to 28 percent, then increased 3 percentage points between 1995 and 1996 and has remained stable since then.
- White, non-Hispanic high school graduates ages 25 to 29 are more likely than either black, non-Hispanic or Hispanic high school graduates in the same age group to have earned a bachelor's degree. In 1999, 36 percent of white, non-Hispanic, 17 percent of black, non-Hispanic, and 14 percent of Hispanic high school graduates in this age group had earned a bachelor's degree or higher.
- In 1999, 10 percent of high school graduates ages 25 to 29 had earned an associate's degree but not a bachelor's degree.
- Racial and ethnic group differences in rates of enrollment in college are smaller than differences in rates of degree attainment. In 1997, 46 percent of white, non-Hispanic high school graduates ages 18 to 24 were enrolled in college, compared with 39 percent of non-Hispanic blacks and 36 percent of Hispanics.[65]

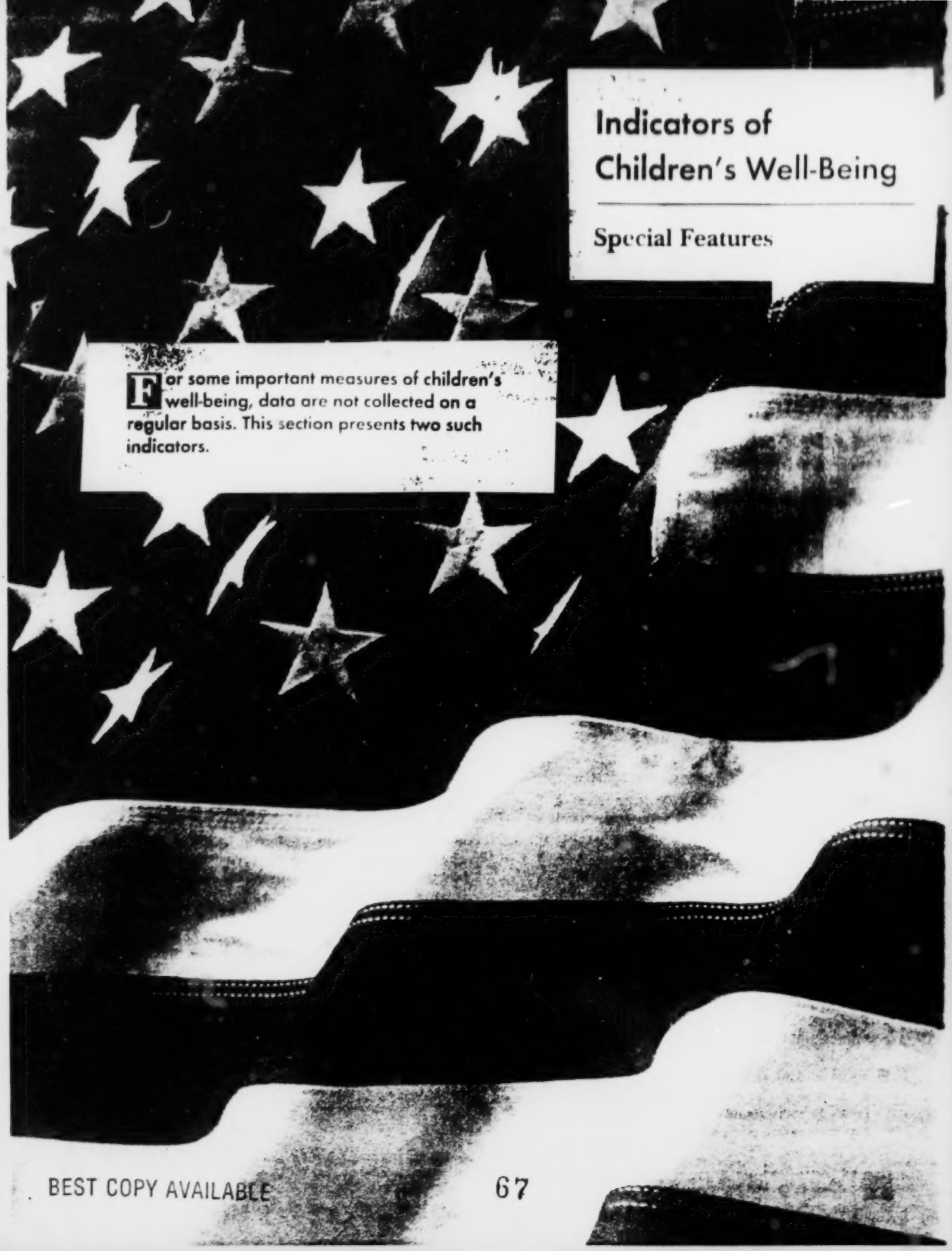
Bullets contain references to data that can be found in Table ED6 on page 105. Endnotes begin on page 58.

Indicators Needed

Education

Education indicators are needed in two areas that have been found to be critical to a child's development and later opportunities in life:

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data that can be used to monitor specific social, intellectual, and emotional skills of preschoolers over time is needed. This year, a special feature is presented from the Early Childhood Longitudinal Study on beginning kindergartners' knowledge and skills (see page 56). A second assessment of kindergartners' skills may be available, but not until 2007.
- *Course-taking.* Taking higher-level courses in middle and high school is linked to higher achievement in those subjects and to greater opportunity in a student's future academic career. Yet data on student course-taking in middle school are not regularly available. A transcript study of middle school is needed, as is more research on which courses are most predictive of educational attainment.



Indicators of Children's Well-Being

Special Features

For some important measures of children's well-being, data are not collected on a regular basis. This section presents two such indicators.

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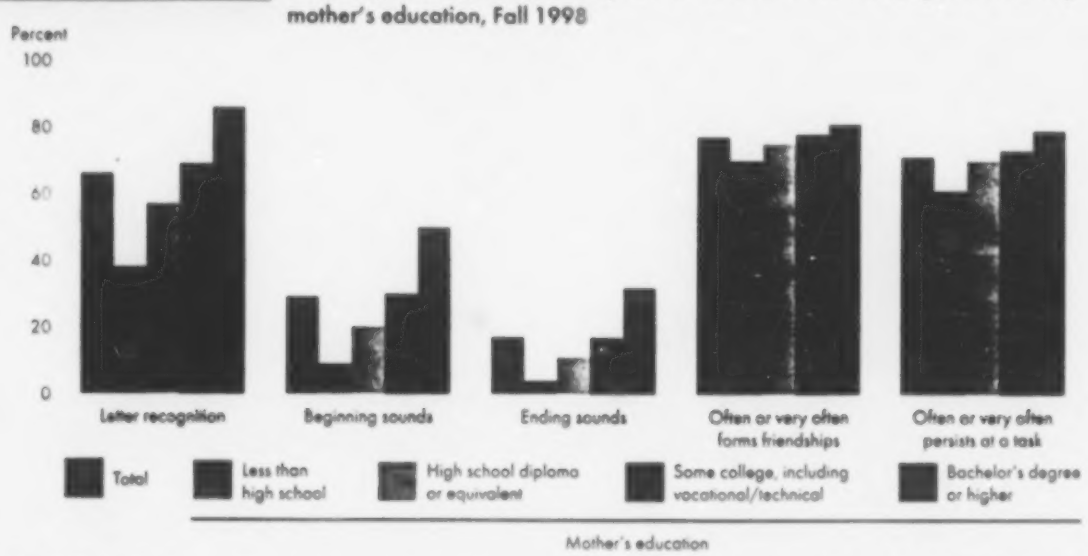
Beginning Kindergartners' Knowledge and Skills

As children enter kindergarten for the first time, they demonstrate a diverse range of cognitive knowledge, social skills, and approaches to learning. This indicator highlights their proficiency in several key skills needed to develop the ability to read. How well children read eventually affects how they learn and ultimately influences their chances for school success.[66] Social skills and positive approaches to learning are also related to success in school and are equally important at this age.[67-69] The depth and breadth of children's knowledge and skills are related to both developmental and experiential factors. These include child characteristics such as age, gender, and cognitive and sensory limitations and characteristics of the child's home environment and preschool experience. Mother's education is the background variable that is consistently related to children's knowledge and skills.

Indicator SPECIAL1 **Percentage of beginning kindergartners with selected knowledge and skills by mother's education, Fall 1998**



SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 1998-99.

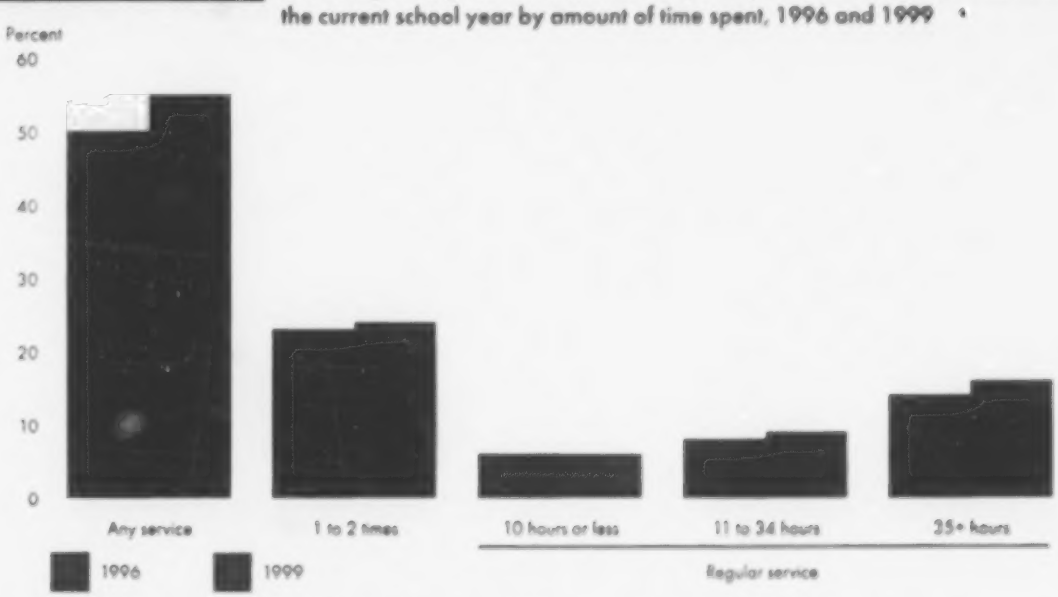
- Emergent literacy—a child's understanding that the print in books has meaning—was assessed among incoming kindergartners in 1998. One aspect of emergent literacy is the ability to recognize letters, which plays an essential role in learning to read. Upon entry to kindergarten, 66 percent of children were proficient in recognizing letters. This skill varied by the level of the mother's education, from 38 percent of children with mothers who had not completed high school to 86 percent of those whose mothers had a bachelor's degree or higher.
- Another skill in emergent literacy is knowing the sounds associated with the letters that begin and end words. Twenty-nine percent of first-time kindergartners were proficient with beginning sounds, and 17 percent were proficient with ending sounds.
- Social skills are an important part of children's development. The ability to make and keep friends forms the social foundation of school, and children's experiences with peers will likely influence their attitudes toward school and learning.[67] According to their teachers, 74 percent of beginning kindergartners often accepted peer ideas for group activities, and 77 percent often formed and maintained friendships.
- The ways in which children approach learning frame how they think and act in learning situations. Behavioral inclinations or dispositions such as task persistence and eagerness to learn affect their ability to learn.[68,69] According to their teachers, 71 percent of beginning kindergartners often persisted at tasks and 75 percent often seemed eager to learn.
- Proficiency in all of these areas upon entry to kindergarten varies widely and is strongly related to the mother's level of education.

Bullets contain references to data that can be found in Table SPECIAL1 on page 106. Endnotes begin on page 58.

Youth Participation in Volunteer Activities

Youth as well as communities benefit when youth participate in volunteer activities. Specifically, studies show that regular participants in volunteer activities have higher levels of civic development and personal efficacy than those who did little or no service during the school year. For example, youth who volunteer regularly are more confident in their ability to make public statements, have more political knowledge, and pay more attention to politics.[70] Other studies demonstrate additional benefits: youth learn to respect and to help others, and they develop leadership skills and a better understanding of citizenship. In addition, teen volunteering creates a behavior pattern that carries into adulthood.[71]

Indicator SPECIAL2 **Percentage of high school students who participated in volunteer activities during the current school year by amount of time spent, 1996 and 1999**



SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

- Fifty-five percent of high school (9th through 12th grade) students participated in volunteer activities in 1999, up from 50 percent in 1996.
- Twenty-four percent of youth participated one or two times in volunteer activities during the school year, and 15 percent participated regularly up to 35 hours.
- Regular participation in volunteer activities for 35 or more hours during the school year is associated with higher levels of political knowledge and interest, and confidence in public speaking. In 1999, 16 percent of high school students performed 35 or more hours of service.
- Girls are more likely than boys to participate in volunteer activities. Fifty-seven percent of 6th- through 12th-grade girls participated in 1999, compared with 47 percent of boys.
- Students with more highly educated parents are more likely to participate than others. Sixty-five percent of 6th- through 12th-grade students with a parent who attended graduate school participated in 1999, compared with 37 percent of students whose parents had no high school diploma or equivalent.
- Students are much more likely to participate if their schools require and arrange the service. When their schools did so, 59 percent of 6th- through 12th-grade students participated, compared with 29 percent when schools did neither.

Bullets contain references to data that can be found in Table SPECIAL2 on page 107. Endnotes begin on page 58.

Notes to Indicators

[1] Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

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Appendix A: Detailed Tables

Tables include data from 1980, 1985, and 1990-99 where available. Data from intervening years are available on the Forum's website at http://childstats.gov.

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Table POP1

Number of children under age 18 in the United States by age, selected years 1950-99 and projected 2000-20

Number (in millions)

Age group	1950	1960	1970	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Projected 2000	2010	2020
All children	47.3	64.5	69.8	63.7	64.2	65.1	66.1	67.0	67.9	68.5	69.1	69.6	69.9	70.2	70.4	72.1	77.2
Age group																	
Ages 0-5	19.1	24.3	20.9	19.6	22.5	22.9	23.2	23.4	23.6	23.6	23.3	23.1	22.9	22.8	22.7	24.0	26.3
Ages 6-11	15.3	21.8	24.6	20.8	21.6	21.9	22.0	22.2	22.4	22.6	23.0	23.4	23.7	24.0	24.1	23.4	25.6
Ages 12-17	12.9	18.4	24.3	23.3	20.1	20.4	20.9	21.4	22.0	22.4	22.7	23.0	23.2	23.4	23.5	24.6	25.2

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1998 estimates tables for 1980-98 that are available on the Census Bureau website.

Table POP2

Persons in selected age groups as a percentage of the total U.S. population, and children under age 18 as a percentage of the dependent population, selected years 1950-99 and projected 2000-20

Age group	1950	1960	1970	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Projected 2000	2010	2020
Percentage of total population																	
Ages 0-17	31	36	34	28	26	26	26	26	26	26	26	26	26	26	26	24	24
Ages 18-64	61	55	56	61	62	62	61	61	61	61	61	61	61	62	62	63	60
Ages 65+	8	9	10	11	13	13	13	13	13	13	13	13	13	13	13	13	17
Total, all ages	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Children under age 18 as a percentage of the dependent population[a]																	
Ages 0-17	79	79	78	71	67	67	67	67	67	67	67	67	67	67	67	64	59

[a] The dependent population includes all persons ages 17 and under, and 65 and over.

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1998 estimates tables for 1980-98 that are available on the Census Bureau website.

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Table POP3 **Racial and ethnic composition: Percentage of U.S. children under age 18 by race and Hispanic origin, selected years 1980-99 and projected 2000-20**

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Projected 2000	2010	2020
White, non-Hispanic	74	72	69	68	68	67	67	67	66	66	65	65	64	59	55
Black, non-Hispanic	15	15	15	15	15	15	15	15	15	15	15	15	15	14	14
Hispanic[a]	9	10	12	13	13	13	14	14	14	15	15	16	16	21	23
Asian/Pacific Islander[b]	2	3	3	3	3	3	4	4	4	4	4	4	4	5	6
American Indian/ Alaska Native[b]	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

[a] Persons of Hispanic origin may be of any race.

[b] Excludes persons in this race group who are of Hispanic origin.

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1998 tables for 1980-98 that are available on the Census Bureau website.

Table POP4

Difficulty speaking English: Children ages 5 to 17 who speak a language other than English at home, and who are reported to have difficulty speaking English[a] by race, Hispanic origin, and region, selected years 1979-95

Characteristic	1979	1989	1992	1995[b]
Children who speak another language at home				
Number (in millions)	3.8	5.3	6.4	6.7
Percentage of children ages 5-17	8.5	12.6	14.2	14.1
Race and Hispanic origin				
White, non-Hispanic	3.2	3.5	3.7	3.6
Black, non-Hispanic	1.3	2.4	4.2	3.0
Hispanic[c]	75.1	71.2	76.6	73.9
Other, non-Hispanic[d]	44.1	53.4	58.3	45.5
Region[e]				
Northeast	10.5	13.5	16.2	15.1
Midwest	3.7	4.9	5.6	5.9
South	6.8	10.7	11.1	11.7
West	17.0	24.2	27.2	26.4
Children who speak another language at home and have difficulty speaking English				
Number (in millions)	1.3	1.9	2.2	2.4
Percentage of children ages 5-17	2.8	4.4	4.9	5.1
Race and Hispanic origin				
White, non-Hispanic	0.5	0.8	0.6	0.7
Black, non-Hispanic	0.3	0.5	1.3	0.9
Hispanic[c]	28.7	27.4	29.9	31.0
Other, non-Hispanic[d]	19.8	20.4	21.0	14.1
Region[e]				
Northeast	2.9	4.8	5.3	5.0
Midwest	1.1	1.3	1.6	2.3
South	2.2	3.8	3.5	3.4
West	6.5	8.8	10.4	11.4

[a] Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of the children in the 1980s.

[b] Numbers in 1995 may reflect changes in the Current Population Survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] Persons of Hispanic origin may be of any race.

[d] Most in this category are Asians/Pacific Islanders, but American Indian/Alaska Native children also are included.

[e] Regions: Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

NOTE: All nonresponses to the language questions are excluded from the tabulations.

SOURCE: U.S. Census Bureau, October (1992 and 1995) and November (1979 and 1989) Current Population Surveys. Tabulated by the National Center for Education Statistics.

Table POP5.A **Family structure and children's living arrangements: Percentage of children under age 18 by presence of parents in household, race, and Hispanic origin, selected years 1980-99**

Race, Hispanic origin, and family type	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total												
Two parents[a]	77	74	73	72	71	71	69	69	68	68	68	68
Mother only[b]	18	21	22	22	23	23	23	23	24	24	23	23
Father only[b]	2	2	3	3	3	3	3	4	4	4	4	4
No parent	4	3	3	3	3	3	4	4	4	4	4	4
White, non-Hispanic												
Two parents[a]	-	-	81	80	79	79	79	78	77	77	76	77
Mother only[b]	-	-	15	15	16	16	16	16	16	17	16	16
Father only[b]	-	-	3	3	3	3	3	3	4	4	5	4
No parent	-	-	2	2	1	1	3	3	3	3	3	3
Black												
Two parents[a]	42	39	38	36	36	36	33	33	33	35	36	35
Mother only[b]	44	51	51	54	54	54	53	52	53	52	51	52
Father only[b]	2	3	4	4	3	3	4	4	4	5	4	4
No parent	12	7	8	7	7	7	10	11	9	8	9	10
Hispanic[c]												
Two parents[a]	75	68	67	66	65	65	63	63	62	64	64	63
Mother only[b]	20	27	27	27	28	28	28	28	29	27	27	27
Father only[b]	2	2	3	3	4	4	4	4	4	4	4	5
No parent	3	3	3	4	3	4	5	4	5	5	5	5

– = not available

[a] Excludes families where parents are not living as a married couple.

[b] Includes some families where both parents are present in the household, but living as unmarried partners.

[c] Persons of Hispanic origin may be of any race.

NOTE: Family structure refers to the presence of biological, adoptive, and stepparents in the child's household. Thus, a child with a biological mother and stepfather living in the household is said to have two parents.

SOURCE: U.S. Census Bureau, Marital status and living arrangements, *Current Population Reports*, annual reports. (Beginning in 1985, detailed tables are available on the Census Bureau website.)

Table POP5.B **Percentage of children under age 18 living in various family arrangements by race and Hispanic origin, 1996**

Characteristic	Total	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Hispanic
Total children ages 0 to 17					
Number (in thousands)	**71,494**	**46,657**	**11,033**	**3,377**	**10,428**
Living with two parents	**70.9**	**79.0**	**36.9**	**78.8**	**68.2**
Two bio./adopt. married	62.4	70.1	29.9	72.7	58.7
Two bio./adopt. cohab.	1.8	1.4	1.8	1.5	4.2
Bio./adopt. parent and step. married	6.4	7.3	4.9	4.6	4.8
Bio./adopt. parent and step. cohab.[a]	0.3	0.2	0.3	0.1	0.4
Living with a single parent	**25.4**	**18.5**	**54.9**	**18.0**	**27.5**
Single mother	20.6	13.4	50.2	14.6	23.3
Single mother with partner	2.1	2.1	2.3	1.6	2.4
Single father	2.1	2.4	1.7	1.3	1.3
Single father with partner	0.4	0.4	0.3	0.2	0.4
Stepparent	0.2	0.2	0.3	0.3	0.1
Stepparent with partner	0.0	0.0	0.0	-	-
Living with no parents	**3.7**	**2.5**	**8.2**	**3.2**	**4.3**
Grandparent	1.8	1.1	5.1	1.7	1.4
Other relatives only - no grandparent	0.8	0.4	1.6	0.9	1.3
Nonrelative only - not foster parent(s)	0.4	0.4	0.4	0.1	0.3
Other relatives and nonrelatives	0.3	0.2	0.3	0.4	0.3
Foster parent(s)	0.4	0.3	0.7	0.1	0.7
Own household or partner of householder	0.1	0.1	0.1	-	0.2
Children ages 0 to 4					
Number (in thousands)	**19,960**	**12,759**	**3,073**	**871**	**3,257**
Living with two parents	**74.3**	**84.3**	**35.5**	**81.8**	**70.0**
Two bio./adopt. married	68.4	79.0	30.3	76.6	60.5
Two bio./adopt. cohab.	4.1	3.4	3.5	4.4	7.3
Bio./adopt. parent and step. married	1.8	1.7	1.7	0.8	2.1
Bio./adopt. parent and step. cohab.[a]	0.1	0.1	-	-	0.1
Living with a single parent	**23.0**	**14.1**	**58.1**	**17.7**	**26.4**
Single mother	20.0	11.2	55.7	14.8	22.0
Single mother with partner	1.6	1.5	1.1	1.1	2.7
Single father	0.9	1.0	0.8	1.1	0.7
Single father with partner	0.3	0.2	0.3	-	0.8
Stepparent	0.2	0.1	0.2	0.7	0.2
Stepparent with partner	0.0	0.0	-	-	-
Living with no parents	**2.6**	**1.6**	**6.4**	**0.6**	**3.6**
Grandparent	1.5	0.9	4.5	0.6	1.3
Other relatives only - no grandparent	0.4	0.3	0.8	-	0.5
Nonrelative only - not foster parent(s)	0.2	0.2	0.2	-	0.2
Other relatives and nonrelatives	0.1	0.1	0.1	-	0.4
Foster parent(s)	0.4	0.1	0.8	-	1.1
Own household or partner of householder	-	-	-	-	-

Table POP5.B (cont.)

Characteristic	Total	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Hispanic
Children ages 5 to 14					
Number (in thousands)	**39,906**	**26,089**	**6,141**	**1,938**	**5,738**
Living with two parents	**70.5**	**77.9**	**37.4**	**78.9**	**69.7**
Two bio./adopt. married	61.7	68.6	29.9	73.0	60.2
Two bio./adopt. cohab.	1.2	0.7	1.4	0.6	3.1
Bio./adopt. parent and step. married	7.3	8.3	5.5	5.1	5.7
Bio./adopt. parent and step. cohab.[a]	0.3	0.2	0.5	0.2	0.6
Living with a single parent	**25.9**	**19.7**	**53.8**	**17.8**	**27.0**
Single mother	20.5	13.9	48.1	14.7	23.1
Single mother with partner	2.4	2.4	2.8	1.8	2.3
Single father	2.4	2.8	2.1	0.9	1.4
Single father with partner	0.4	0.4	0.4	0.3	0.2
Stepparent	0.2	0.2	0.4	0.1	0.1
Stepparent with partner	–	–	–	–	–
Living with no parents	**3.6**	**2.4**	**8.8**	**3.3**	**3.3**
Grandparent	1.8	1.1	5.5	1.9	1.2
Other relatives only - no grandparent	0.7	0.3	1.8	1.0	1.2
Nonrelative only - not foster parent(s)	0.3	0.3	0.4	–	0.2
Other relatives and nonrelatives	0.3	0.3	0.3	0.2	0.1
Foster parent(s)	0.5	0.4	0.8	0.1	0.6
Own household or partner of householder	–	–	–	–	–
Children ages 15 to 17					
Number (in thousands)	**11,628**	**7,809**	**1,818**	**569**	**1,433**
Living with two parents	**66.3**	**73.9**	**37.9**	**74.0**	**58.3**
Two bio./adopt. married	54.5	60.7	29.2	65.5	48.7
Two bio./adopt. cohab.	0.4	0.2	0.2	–	1.6
Bio./adopt. parent and step. married	11.2	12.7	8.1	8.6	7.5
Bio./adopt. parent and step. cohab.[a]	0.3	0.2	0.3	–	0.5
Living with a single parent	**27.7**	**21.6**	**53.0**	**19.3**	**32.1**
Single mother	21.6	15.1	47.9	13.8	27.1
Single mother with partner	2.1	2.1	2.4	1.6	1.9
Single father	3.2	3.6	2.0	3.2	2.4
Single father with partner	0.6	0.7	0.2	0.4	0.5
Stepparent	0.2	0.2	0.4	0.3	0.3
Stepparent with partner	0.0	–	0.2	–	–
Living with no parents	**6.0**	**4.5**	**9.1**	**6.7**	**9.6**
Grandparent	2.0	1.3	4.8	2.4	2.2
Other relatives only - no grandparent	1.5	0.9	2.2	2.1	3.8
Nonrelative only - not foster parent(s)	0.9	1.0	1.0	0.4	0.5
Other relatives and nonrelatives	0.4	0.3	0.4	1.5	0.9
Foster parent(s)	0.4	0.5	0.3	0.4	0.5
Own household or partner of householder	0.6	0.5	0.4	–	1.8

– represents zero

[a] Includes families where divorce and subsequent cohabitation occurred or families where long-term partners are regarded as stepparents.

NOTE: Two bio./adopt. married represents children living with two biological or adoptive married parents. Two bio./adopt. cohab. represents children living with two biological or adoptive cohabitating parents. Bio./adopt. parent and step. married represents children living with one biological or adoptive parent and one stepparent who are married. Bio./adopt. parent and step. cohab. represents children living with one biological or adoptive parent and one stepparent who are cohabitating.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

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Table POP6.A

Birth rates for unmarried women by age of mother, selected years 1980-98

(Live births to unmarried women per 1,000 in specific age group)

Age of mother	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total ages 15-44	29.4	32.8	43.8	45.2	45.2	45.3	46.9	45.1	44.8	44.0	44.3
Age group											
Ages 15-17	20.6	22.4	29.6	30.9	30.4	30.6	32.0	30.5	29.0	28.2	27.0
Ages 18-19	39.0	45.9	60.7	65.7	67.3	66.9	70.1	67.6	65.9	65.2	64.5
Ages 20-24	40.9	46.5	65.1	68.0	68.5	69.2	72.2	70.3	70.7	71.0	72.3
Ages 25-29	34.0	39.9	56.0	56.5	56.5	57.1	59.0	56.1	56.8	56.2	58.4
Ages 30-34	21.1	25.2	37.6	38.1	37.9	38.5	40.1	39.6	41.1	39.0	39.1
Ages 35-39	9.7	11.6	17.3	18.0	18.8	19.0	19.8	19.5	20.1	19.0	19.0
Ages 40-44	2.6	2.5	3.6	3.8	4.1	4.4	4.7	4.7	4.8	4.6	4.6

NOTE: Nonmarital birth rates for 1989-93 are somewhat understated because births to unmarried women were substantially underreported in Michigan and Texas; data since 1994 have been reported on a complete basis. Thus, the overall increase in nonmarital birth rates between 1980 and 1994 is accurately recorded here. However, the rates for 1989-93, if computed on the basis of complete data, would have been higher than the rates shown here, and the peak years for the rates would have occurred in the early 1990s rather than in 1994. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1996). Advance report of final natality statistics, 1994. *Monthly Vital Statistics Report, 44* (11, Supplement). Hyattsville, MD: National Center for Health Statistics.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., and Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48* (3). Hyattsville, MD: National Center for Health Statistics.

Table POP6.B

Percentage of all births that are to unmarried women by mother's age group, selected years 1980-98

Age of mother	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
All ages	18.4	22.0	28.0	29.5	30.1	31.0	32.6	32.2	32.4	32.4	32.8
Age group											
Under age 15	88.7	91.8	91.6	91.3	91.3	91.3	94.5	93.5	93.8	95.7	96.6
Ages 15-17	61.5	70.9	77.7	78.7	79.2	79.9	84.1	83.7	84.4	86.7	87.5
Ages 18-19	29.8	30.7	61.3	63.2	64.6	66.1	70.0	69.8	70.8	72.5	73.6
Ages 20-24	19.3	26.3	36.9	39.4	40.7	42.2	44.9	44.7	45.6	46.6	47.7
Ages 25-29	9.0	12.7	18.0	19.2	19.8	20.7	21.8	21.5	22.0	22.0	22.5
Ages 30-34	7.4	9.7	13.3	14.0	14.3	14.7	15.1	14.7	14.8	14.1	14.0
Ages 35-39	9.4	11.2	13.9	14.6	15.2	15.6	16.1	15.7	15.7	14.6	14.4
Ages 40 and older	12.1	14.0	17.0	17.4	17.7	18.1	18.7	18.1	18.4	17.1	16.7

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, Series 21* (53). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., and Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48* (3). Hyattsville, MD: National Center for Health Statistics.

Table POP7

Percentage of children by type of care arrangement for children from birth through 3rd grade by child and family characteristics, 1995 and 1999

Characteristic	Parental care only		Type of nonparental care arrangement							
			Total in nonparental care[b]		Care in a home[a]				Center-based program[c]	
					By a relative		By a nonrelative			
	1995	1999	1995	1999	1995	1999	1995	1999	1995	1999
Total	49	46	51	54	20	23	15	14	23	27
Age/grade in school										
Ages 0-2	51	49	50	51	23	25	19	17	12	16
Ages 3-6, not yet in kindergarten	26	23	74	77	19	23	17	16	55	59
Kindergarten	56	52	44	49	18	19	14	13	16	22
1st-3rd grade	62	57	38	43	18	21	10	9	13	18
Race and Hispanic origin										
White, non-Hispanic	49	48	51	52	17	19	17	16	24	28
Black, non-Hispanic	40	34	60	66	31	35	10	11	27	35
Hispanic[d]	58	53	42	47	23	24	10	11	13	19
Other	49	42	51	58	22	29	11	12	25	29
Poverty status										
Below poverty	56	50	44	50	23	27	9	10	18	23
At or above poverty	46	45	54	55	19	21	17	15	25	29
Mother's highest level of education[e]										
Less than high school graduate	67	59	33	41	18	22	6	9	13	17
High school graduate/GED	51	48	49	52	22	27	13	11	19	23
Vocational/technical or some college	44	43	56	57	22	23	17	16	25	29
College graduate	40	43	60	57	14	15	22	17	34	34
Mother's employment status[e]										
35 hours or more per week	22	22	78	78	32	34	25	21	33	37
Less than 35 hours per week	42	45	58	55	25	25	19	17	24	26
Looking for work	64	60	36	40	15	21	4	6	20	21
Not in the labor force	76	75	24	25	7	7	4	4	15	18

[a] Relative and nonrelative care can take place in either the child's own home or another home.

[b] Some children participate in more than one type of nonparental care arrangement. Thus, details do not sum to the total percentage of children in nonparental care.

[c] Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

[d] Persons of Hispanic origin may be of any race.

[e] Children without a mother in the home are excluded from estimates of mother's highest level of education and mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table POP8 **Percentage of children under age 18 living in areas that do not meet at least one of the Primary National Ambient Air Quality Standards, 1990-98**

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	31	35	22	24	25	32	20	21	24
Pollutant									
Ozone	26	28	18	21	20	29	17	19	21
Carbon monoxide	9	8	6	5	6	5	5	4	4
Particulates	8	9	10	3	5	10	3	3	3
Lead	2	6	2	2	2	2	2	1	2
Nitrogen dioxide	4	0	0	0	0	0	0	0	0
Sulfur dioxide	1	2	0	1	0	0	0	0	0

NOTE: Percentages were based on the number of children living in counties not meeting a national ambient air quality standard, divided by the total population. Populations of children were based on the 1990 Census.

For more information on the emissions standards that are used in calculating these percentages, please see the following report: Office of Air Quality Planning and Standards. (1998). *National air quality and emissions trends report, 1997.* Research Triangle Park, NC: U.S. Environmental Protection Agency.

The standards can also be found at http://www.epa.gov/oar/aqtrnd97/chapter2.pdf.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

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Table ECON1.A **Child poverty: Percentage of related children under age 18 living below selected poverty levels by age, family structure, race, and Hispanic origin, selected years 1980-98**

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Under 100 percent of poverty											
Children in all families											
Related children	18	20	20	21	22	22	21	20	20	19	18
White, non-Hispanic	-	-	12	12	12	13	12	11	10	11	10
Black	42	43	44	46	46	46	43	42	40	37	36
Hispanic[a]	33	40	38	40	39	40	41	39	40	36	34
Related children under age 6	20	23	23	24	26	26	25	24	23	22	21
Related children ages 6-17	17	19	18	20	19	20	20	18	18	18	17
Children in married-couple families											
Related children	-	-	10	11	11	12	11	10	10	10	9
White, non-Hispanic	-	-	7	7	7	8	7	6	5	5	5
Black	-	-	18	15	18	18	15	13	14	13	12
Hispanic[a]	-	-	27	29	29	30	30	28	29	26	23
Related children under age 6	-	-	12	12	13	13	12	11	12	11	10
Related children ages 6-17	-	-	10	10	10	11	10	9	9	9	9
Children in female-householder families, no husband present											
Related children	51	54	53	56	55	54	53	50	49	49	46
White, non-Hispanic	-	-	40	41	40	39	38	34	35	37	33
Black	65	67	65	68	67	66	63	62	58	55	55
Hispanic[a]	65	72	68	69	66	66	68	66	67	63	60
Related children under age 6	65	66	66	66	66	64	64	62	59	59	55
Related children ages 6-17	46	48	47	50	49	49	47	45	45	45	42
All children[b]	18	21	21	22	22	23	22	21	21	20	19
Under 50 percent of poverty											
Children in all families											
Related children	7	8	8	9	10	10	9	8	8	8	8
White, non-Hispanic	-	-	4	5	5	5	4	3	4	4	4
Black	17	22	22	25	27	26	23	20	20	20	17
Hispanic[a]	-	-	14	14	15	14	17	16	14	16	13
Under 150 percent of poverty											
Children in all families											
Related children	29	32	31	32	33	33	32	32	31	30	29
White, non-Hispanic	-	-	21	21	21	22	21	19	19	19	18
Black	57	59	57	60	60	61	58	56	56	51	52
Hispanic[a]	-	-	55	58	58	60	58	59	57	56	52

– = not available

[a] Persons of Hispanic origin may be of any race.

[b] Related and non-related children.

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index (CPI) level. The poverty threshold for a family of four was $16,660 in 1998. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. Related children include biological children, adopted children, and stepchildren of the householder and all other children in the household related to the householder (or reference person) by blood, adoption, or marriage. For more detail, see U.S. Census Bureau, Series P-60, No. 207.

SOURCE: U.S. Census Bureau, March Current Population Survey, *Current Population Reports*, Consumer income, Series P-60, various years.

Table ECON1.B **Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, selected years 1980-98**

Poverty level	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Extreme poverty	6.6	8.1	8.3	9.3	9.9	9.6	9.4	7.9	8.4	8.5	7.6
Below poverty, but above extreme poverty	11.3	12.0	11.6	11.8	11.7	12.4	11.9	12.2	11.4	10.8	10.7
Low income	24.0	22.8	21.8	22.2	22.0	22.2	22.0	22.5	22.7	21.4	21.2
Medium income	41.4	37.7	37.0	35.7	34.9	33.4	33.7	34.5	34.0	34.4	33.5
High income	16.8	19.4	21.3	21.0	21.5	22.3	23.1	22.8	23.5	25.0	27.0
Very high income	4.3	6.1	7.4	7.0	7.3	8.4	9.1	8.9	9.2	10.1	11.2

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,330 for a family of four in 1998). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,330 and $16,659 for a family of four in 1998). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $16,660 and $33,319 for a family of four in 1998). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $33,320 and $66,639 for a family of four in 1998). High income is 400 percent of the poverty threshold or more. Very high income is 600 percent of the poverty threshold and over. [These income categories are similar to those used in the *Economic report to the President* (1998). A similar approach is used by Hernandez, D. (1993), *America's children*, except that Hernandez uses the relationship to median income to define his categories. For either method, the medium and high income categories are at similar levels of median family income.]

SOURCE: U.S. Census Bureau, March Current Population Survey.

The Measurement of Poverty

The measurement of poverty used in this report is the official poverty measure used by the Census Bureau. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council[1] recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

Defining income: On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income tax credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.

Setting a threshold: Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, and shelter, not food consumption alone. Second, thresholds should reflect regional variations in housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

A recent Census Bureau report[2] used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. These estimates produced increases in child poverty from 1990 to 1993 similar to, and decreases in poverty from 1993 to 1997 somewhat larger than, those under the official measure. These changes reflect the fact that the new measure more completely accounts for in-kind transfers, such as food stamps and housing benefits, and for work-related expenditures. As a result, the new measure tends to decrease the relative poverty rate of children who are more likely to live in families that receive in-kind transfers, and to increase the relative poverty rate of children living with employed low-income persons with higher work-related expenses.

[1] Citro, C.F. and Michael, R.T. (Eds.). (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.

[2] U.S. Census Bureau. (1999). Experimental poverty measures: 1990-1997. *Current Population Reports*, Series P-60-205.

Table ECON2

Secure parental employment: Percentage of children under age 18 living with at least one parent employed full time[a] all year by family structure, race, Hispanic origin, poverty status, and age, selected years 1980-98

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
All children living with parent(s)[b]											
Total	70	70	72	71	71	71	72	74	75	76	77
Race and Hispanic origin											
White, non-Hispanic	75	77	79	78	78	79	80	81	82	82	84
Black, non-Hispanic	50	48	50	49	49	49	52	54	56	58	58
Hispanic[c]	59	55	60	57	57	57	59	61	64	67	68
Poverty status											
Below poverty	21	20	22	20	20	21	24	25	25	26	31
At or above poverty	81	82	85	85	85	85	86	86	87	88	87
Age											
Children under 6	67	67	68	67	66	67	68	69	71	72	74
Children ages 6-17	72	72	74	73	74	74	75	76	77	78	79
Children living in families maintained by two parents											
Total	80	81	85	84	84	85	86	87	88	88	89
Race and Hispanic origin											
White, non-Hispanic	81	83	86	86	87	88	88	89	90	91	91
Black, non-Hispanic	73	76	84	82	81	80	86	85	87	85	86
Hispanic[c]	71	70	74	71	71	72	76	77	79	80	82
Poverty status											
Below poverty	38	37	44	38	37	41	46	46	48	48	56
At or above poverty	84	87	89	89	90	91	91	91	92	92	92
Age											
Children under 6	76	79	83	82	83	83	85	86	87	87	88
Children ages 6-17	81	82	85	85	85	86	86	87	88	89	89
With both parents working full time all year	17	20	25	25	27	27	28	28	30	31	31
Children living in families maintained by single mothers[d]											
Total	33	32	33	33	33	33	35	38	39	41	44
Race and Hispanic origin											
White, non-Hispanic	39	39	40	40	41	39	43	46	47	46	52
Black, non-Hispanic	28	25	27	27	27	28	31	33	35	39	39
Hispanic[c]	22	22	24	24	24	24	23	27	27	34	36
Poverty status											
Below poverty	7	7	9	9	9	9	10	14	10	13	17
At or above poverty	59	59	60	61	61	59	61	61	64	66	66
Age											
Children under 6	20	20	21	22	20	21	23	24	27	28	31
Children ages 6-17	38	37	40	40	41	39	42	45	45	47	50

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Table ECON2 (cont.)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Children living in families maintained by single fathers[d]											
Total	57	60	64	64	60	61	61	67	67	70	70
Race and Hispanic origin											
White, non-Hispanic	61	62	68	67	62	61	64	72	69	72	72
Black, non-Hispanic	41	59	53	56	60	67	56	64	60	67	66
Hispanic[c]	53	53	59	57	51	58	55	58	66	68	69
Poverty status											
Below poverty	15	23	21	18	17	19	26	24	30	29	34
At or above poverty	68	69	74	76	74	75	73	79	77	80	79
Age											
Children under 6	48	57	58	57	55	55	55	54	61	62	65
Children ages 6-17	59	62	67	68	63	65	63	74	70	74	72

[a] Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

[b] Total children living with parent(s) (in thousands)	60,683	61,264	63,351	64,301	65,138	66,829	67,361	68,090	68,275	68,408	68,814
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	1,371	1,495	2,184	2,369	2,160	2,016	2,137	2,159

[c] Persons of Hispanic origin may be of any race.

[d] Includes some families where both parents are present in the household, but living as unmarried partners.

SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

Table ECON3 **Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-97**

Household type	1978	1983	1989	1993	1995	1997
All households with children						
Number of households (in millions)	32.3	33.6	35.7	35.5	37.3	37.0
Percent with						
Any problems	30	33	33	34	36	36
Inadequate housing[a]	9	8	9	7	7	7
Crowded housing	9	8	7	6	7	7
Cost burden greater than 30 percent	15	21	24	27	28	28
Cost burden greater than 50 percent	6	11	9	11	12	12
Severe problems	8	12	10	11	12	11
Very-low-income renter households with children[b]						
Number of households (in millions)	4.2	5.1	5.9	6.7	6.5	6.2
Percent with						
Any problems	79	83	76	75	77	82
Inadequate housing[a]	18	18	18	14	13	15
Crowded housing	22	18	17	14	17	17
Cost burden greater than 30 percent	59	68	67	67	68	74
Cost burden greater than 50 percent	31	38	36	38	38	41
Severe problems	33	42	33	34	32	28
Rental assistance	23	23	29	28	29	30

[a] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

[b] Very-low-income households are those with incomes at or below one-half the median income in a geographic area.

NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, and 1997 (1978 data based on 1970 Census weights; 1983 and 1989 data on 1980 weights; 1993, 1995, and 1997 data on 1990 weights). Moderate or severe physical problems: See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States in 1993, *Current Housing Reports*, H150/93, U.S. Census Bureau, 1995. Cost burden: Expenditures on housing and utilities are greater than 30 percent of reported income. Severe problems: Cost burden is greater than 50 percent of income or severe physical problems among those not reporting housing assistance. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development. (1998). *Rental housing assistance—the crisis continues: The 1997 report to Congress on worst case housing needs*. Washington, DC: U.S. Department of Housing and Urban Development.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

Table ECON4.A **Food security: Percentage of children under age 18 in households experiencing food insecurity by level of hunger and poverty status, selected years 1995-99**

Characteristic	1995	1998	1999
All children			
Food insecure without hunger	13.3	15.0	13.1
Food insecure with moderate or severe hunger	6.1	4.7	3.8
Food insecure with moderate hunger	5.1	4.0	3.3
Food insecure with severe hunger	1.0	0.7	0.5
Below poverty			
Food insecure without hunger	28.7	34.5	32.2
Food insecure with moderate or severe hunger	15.6	14.2	11.8
Food insecure with moderate hunger	12.9	11.8	10.2
Food insecure with severe hunger	2.8	2.4	1.6
At or above poverty			
Food insecure without hunger	8.2	10.3	8.7
Food insecure with moderate or severe hunger	3.0	2.3	1.9
Food insecure with moderate hunger	2.7	1.9	1.6
Food insecure with severe hunger	0.4	0.4	0.3

NOTE: The Food Security Scale, ECON4.A, the percentage of children under age 18 in households experiencing food insecurity with moderate to severe hunger, is based on the food security scale derived from data collected in the Food Security Supplement to the Current Population Survey. The food security scale provides a near-continuous measure of the level of food insecurity and hunger experienced within each household. A categorical measure based on the scale classifies households according to four designated levels of severity of household food insecurity: food secure, food insecure without hunger, food insecure with moderate hunger, and food insecure with severe hunger. Food-secure households do not report a pattern of difficulty obtaining enough or acceptable quality food. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report indicators of hunger. Food-insecure households with moderate hunger report food insecurity and a pattern of indicators of hunger for one or more adults and, in some cases, for children. Food-insecure households with severe hunger report multiple indicators of both adults' and children's hunger. For a detailed explanation of the U.S. Department of Agriculture/Department of Health and Human Services Food Security Measurement scale, see Food and Nutrition Service (1997), *Household food security in the United States in 1995 and 2000. Guide to measuring household food security*, Alexandria, VA: Food and Nutrition Service.

Data for 1996 and 1997 are not strictly comparable with data for 1995, 1998 and 1999 due to methodology differences. In previous reports, data for 1995 were made consistent with 1996 and 1997 data. In this report, the 1996 and 1997 data have been omitted, but the 1995 data are retained because, although screened on a different basis than the revised method adopted in 1998 and 1999, this had little effect on prevalence estimates. The 1996 and 1997 data, however, cannot readily be adjusted to be comparable.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey.

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Table ECON4.B **Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96**

Age	1994			1995			1996		
	Good diet[a]	Needs improvement[a]	Poor diet[a]	Good diet[a]	Needs improvement[a]	Poor diet[a]	Good diet[a]	Needs improvement[a]	Poor diet[a]
Ages 2-5	26	63	11	27	68	5	24	68	8
Ages 6-12	13	75	12	11	82	7	12	75	13
Ages 13-18	8	69	23	5[b]	76	19	6	74	20

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.C **Percentage of children ages 2 to 18 by age, poverty status, and diet quality as measured by the Healthy Eating Index, 3-year average 1994-96**

Characteristic	Good diet[a]	Needs improvement[a]	Poor diet[a]
Ages 2-5			
At or below poverty	19	70	11
Above poverty	28	65	7
Ages 6-12			
At or below poverty	10	78	12
Above poverty	12	78	10
Ages 13-18			
At or below poverty	3[b]	72	25
Above poverty	7	74	19

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.D **Healthy Eating Index: Overall and component mean scores for children, 3-year average 1994-96**

Component	Ages 2-3	Ages 4-6	Ages 7-10	Ages 11-14		Ages 15-18	
	All	All	All	Females	Males	Females	Males
Overall HEI score	73.8	67.8	66.6	63.5	62.2	60.9	60.7
1. Grains	8.3 (54)	7.2 (27)	7.6 (31)	6.7 (16)	7.2 (29)	6.3 (17)	7.5 (34)
2. Vegetables	5.9 (31)	4.9 (16)	5.1 (20)	5.5 (24)	5.4 (23)	5.8 (26)	6.3 (35)
3. Fruits	7 (53)	5.3 (29)	4.3 (18)	3.9 (14)	3.5 (9)	3.1 (12)	2.8 (11)
4. Milk	7.2 (44)	7.4 (44)	7.6 (49)	5.2 (15)	6.2 (27)	4.2 (12)	6.1 (28)
5. Meat	6.3 (28)	5.3 (14)	5.5 (17)	5.7 (15)	6.5 (28)	5.8 (21)	6.9 (36)
6. Total fat	7.4 (40)	7.3 (38)	7.2 (35)	7.2 (37)	6.8 (33)	7.1 (38)	6.8 (34)
7. Saturated fat	5.4 (27)	5.6 (28)	5.7 (28)	5.8 (31)	5.7 (32)	6.6 (42)	6 (35)
8. Cholesterol	9 (83)	8.9 (83)	8.7 (80)	8.5 (78)	7.6 (69)	8.4 (77)	6.7 (58)
9. Sodium	8.8 (64)	8.1 (53)	6.8 (34)	7.1 (39)	5.2 (21)	6.9 (37)	3.7 (15)
10. Variety	8.4 (64)	7.9 (53)	8.1 (54)	7.8 (51)	8.1 (58)	6.7 (37)	7.8 (51)

NOTE: Percentage of children meeting the dietary recommendations for each component appears in parentheses.

The Healthy Eating Index examines the diet of American children ages 2 to 18. The Index consists of 10 components, each representing different aspects of a healthful diet.

Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains (bread, cereal, rice, and pasta), vegetables, fruits, milk (milk, yogurt, and cheese), and meat/meat alternatives (meat, poultry, fish, dry beans, eggs, and nuts). Component 6 measures total fat consumption as a percentage of total food energy (calorie) intake. Component 7 measures saturated fat consumption as a percentage of total food energy intake. Components 8 and 9 measure total cholesterol intake and total sodium intake, respectively. And component 10 measures the degree of variety in a person's diet.

Each component of the Index has a maximum score of 10 and a minimum score of 0. Intermediate scores are computed proportionately. High component scores indicate intakes close to recommended ranges or amounts. The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

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Table ECON5.A **Access to health care: Percentage of children under age 18 covered by health insurance[a] by type of health insurance, age, race, and Hispanic origin, 1987-98**

Characteristic	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
All health insurance												
Total	87	87	87	87	87	87	86	86	86	85	85	85
Age												
Ages 0-5	88	87	87	89	89	89	88	86	87	86	86	84
Ages 6-11	87	87	87	87	88	88	87	87	87	85	86	85
Ages 12-17	86	86	86	85	85	85	83	85	86	84	83	84
Race and Hispanic origin												
White, non-Hispanic	90	90	90	90	90	90	89	89	90	89	89	89
Black	83	84	84	85	85	86	84	83	85	81	81	80
Hispanic[b]	72	71	70	72	73	75	74	72	73	71	71	70
Private health insurance												
Total	74	74	74	71	70	69	67	66	66	66	67	68
Age												
Ages 0-5	72	71	71	68	66	65	63	60	60	62	63	64
Ages 6-11	74	74	75	73	71	71	70	67	67	67	68	68
Ages 12-17	75	76	76	73	72	71	69	70	71	70	70	65
Race and Hispanic origin												
White, non-Hispanic	83	83	83	81	80	80	78	77	78	78	78	79
Black	49	50	52	49	45	46	46	43	44	45	48	47
Hispanic[b]	48	48	48	45	43	42	42	38	38	40	42	43
Government health insurance[c]												
Total	19	19	19	22	24	25	27	26	26	25	23	23
Age												
Ages 0-5	22	23	24	28	30	33	35	33	33	31	29	27
Ages 6-11	19	18	18	20	22	23	25	25	26	25	23	23
Ages 12-17	16	16	15	18	19	19	20	20	21	19	19	19
Race and Hispanic origin												
White, non-Hispanic	12	13	13	15	16	17	19	18	18	18	17	16
Black	42	42	41	45	48	49	50	48	49	45	40	42
Hispanic[b]	28	27	27	32	37	38	41	38	39	35	34	31

[a] Children are considered to be covered by health insurance if they had public or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of public and private is greater than the total.

[b] Persons of Hispanic origin may be of any race.

[c] Government health insurance for children consists mostly of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Program), and CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). CHAMPUS is being replaced by Tricare.

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the March Current Population Survey.

Table ECONS.B **Percentage of children under age 18 with no usual source of health care[a] by age, poverty status, and type of health insurance, 1993-97**

Characteristic	1993	1994	1995	1996	1997[b]
Children ages 0-17					
Total	8.0	6.8	6.3	6.3	6.9
Type of insurance					
Private insurance[c]	3.9	3.4	3.0	3.0	3.3
Public insurance[c,d]	10.8	6.3	6.6	6.0	5.2
No insurance	24.3	21.7	22.1	23.2	27.6
Poverty status					
Below poverty	15.2	11.0	10.4	10.0	12.8
At or above poverty	5.5	5.4	4.9	5.0	5.4
Children ages 0-4					
Total	5.2	4.4	4.2	4.2	4.2
Type of insurance					
Private insurance[c]	1.8	1.7	1.3	1.5	2.0
Public insurance[c,d]	7.3	4.1	5.0	4.0	3.7
No insurance	18.6	16.1	17.4	18.7	16.6
Poverty status					
Below poverty	10.8	6.8	7.4	6.0	7.2
At or above poverty	3.1	3.5	3.0	3.4	3.0
Children ages 5-17					
Total	9.2	7.9	7.1	7.2	8.0
Type of insurance					
Private insurance[c]	4.7	4.0	3.6	3.5	3.8
Public insurance[c,d]	13.3	7.8	7.9	7.4	6.2
No insurance	26.2	23.7	23.8	24.6	31.2
Poverty status					
Below poverty	17.6	13.0	11.8	11.9	15.4
At or above poverty	6.4	6.2	5.7	5.5	6.3

[a] Excludes emergency rooms as a usual source of care.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] Public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. It does not include children with only Medicare or the Civilian Health and Medical Care Programs of the Uniformed Services (CHAMPUS/CHAMP-VA/Tricare).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

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Table HEALTH1 General health status: Percentage of children under age 18 in very good or excellent health by age and poverty status, selected years 1984-97

Age and poverty status	1984	1990	1991	1992	1993	1994	1995	1996	1997*
Children ages 0-17									
Total	78	81	80	80	79	79	81	80	81
Poverty status									
Below poverty	62	66	65	65	64	64	65	64	68
At or above poverty	82	84	83	83	83	83	85	84	86
Children ages 0-4									
Total	79	81	81	80	80	81	81	81	84
Poverty status									
Below poverty	66	69	68	67	68	68	66	68	74
At or above poverty	82	84	84	84	84	84	86	85	88
Children ages 5-17									
Total	77	80	80	80	79	79	81	79	81
Poverty status									
Below poverty	60	64	64	64	63	62	64	62	65
At or above poverty	81	84	83	83	82	82	85	83	85

* In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH2

Activity limitation: Percentage of children under age 18 with any limitation in activity resulting from chronic conditions[a] by age, gender, poverty status, race, and Hispanic origin, selected years 1984-97

Characteristic	1984	1990	1991	1992	1993	1994	1995	1996	1997[b]
Children ages 5-17									
Total	5.0	4.9	5.8	6.1	6.6	6.7	6.0	6.1	6.5
Gender									
Male	5.9	5.6	6.8	7.1	7.8	7.9	7.4	7.4	8.3
Female	4.0	4.2	4.7	5.0	5.3	5.6	4.6	4.7	4.7
Poverty status									
Below poverty	7.1	6.7	8.8	9.2	9.5	9.7	9.2	9.7	8.8
At or above poverty	4.4	4.6	5.1	5.3	5.9	6.0	5.4	5.3	6.4
Race and Hispanic origin									
White, non-Hispanic	4.9	5.0	5.8	6.0	6.7	6.6	6.0	5.7	7.0
Black, non-Hispanic	5.6	5.5	6.7	7.5	7.7	8.9	7.3	8.4	7.3
Hispanic[c]	4.7	4.1	5.5	5.3	5.6	5.7	5.8	6.3	4.8
Children ages 0-4									
Total	2.5	2.2	2.4	2.8	2.8	3.1	2.7	2.6	3.4
Gender									
Male	2.7	2.6	2.7	3.3	3.1	3.4	3.3	3.3	4.2
Female	2.3	1.7	2.1	2.2	2.5	2.7	2.0	1.7	2.7
Poverty status									
Below poverty	4.0	3.0	4.3	4.5	4.3	5.2	3.9	4.9	4.5
At or above poverty	2.0	2.0	2.0	2.3	2.4	2.5	2.4	1.7	3.2
Race and Hispanic origin									
White, non-Hispanic	2.3	2.1	2.4	2.5	2.4	2.7	2.7	1.8	3.6
Black, non-Hispanic	3.3	2.9	3.2	4.2	4.7	5.0	3.5	4.8	4.5
Hispanic[c]	2.5	2.0	1.8	2.5	2.7	3.1	2.5	3.4	2.4
Children ages 0-17									
Total	6.1	6.1	7.2	7.5	8.1	8.2	7.4	7.5	7.7
Gender									
Male	7.3	6.9	8.5	8.7	9.8	9.7	9.0	9.0	9.9
Female	4.8	5.2	5.9	6.2	6.4	6.7	5.6	5.9	5.5
Poverty status									
Below poverty	8.7	8.5	11.0	11.7	12.2	11.9	11.8	12.1	10.7
At or above poverty	5.5	5.6	6.4	6.6	7.2	7.4	6.5	6.6	7.5
Race and Hispanic origin									
White, non-Hispanic	6.0	6.2	7.1	7.4	8.4	8.1	7.2	7.1	8.2
Black, non-Hispanic	6.7	6.7	8.2	9.0	9.0	10.6	8.9	9.8	8.3
Hispanic[c]	5.8	5.1	7.2	6.7	7.1	7.0	7.5	7.7	5.9

[a] Chronic conditions usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

[c] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

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Table HEALTH3 **Childhood immunization: Percentage of children ages 19 to 35 months vaccinated for selected diseases by poverty status, race, and Hispanic origin, 1994-98**

Characteristic	Total					Below poverty					At or above poverty				
	1994	1995	1996	1997	1998	1994	1995	1996	1997	1998	1994	1995	1996	1997	1998
Total															
Combined series (4:3:1:3)[a]	69	74	77	76	79	61	67	69	71	74	72	77	80	79	82
Combined series (4:3:1)[b]	75	76	78	78	81	66	67	71	73	76	77	79	81	80	83
DTP (4 doses or more)[c]	76	79	81	81	84	69	71	73	76	80	79	81	84	84	86
Polio (3 doses or more)	83	88	91	91	91	78	84	88	90	90	85	89	92	92	92
Measles-containing[d]	89	90	91	91	92	87	85	87	86	90	90	91	92	92	93
Hib (3 doses or more)[e]	86	92	92	93	93	81	88	88	90	91	88	93	93	94	95
Hepatitis B (3 doses or more)[f]	37	68	82	84	87	25	64	78	80	85	41	69	83	85	88
Varicella[g]	-	-	12	26	43	-	-	5	17	41	-	-	15	29	44
White, non-Hispanic															
Combined series (4:3:1:3)[a]	72	77	79	79	82	-	68	68	70	77	-	79	81	76	83
Combined series (4:3:1)[b]	78	79	80	80	83	-	-	70	73	79	-	-	82	82	84
DTP (4 doses or more)[c]	80	81	83	84	87	-	-	72	76	82	-	-	85	85	88
Polio (3 doses or more)	85	89	92	92	92	-	-	88	90	91	-	-	93	92	93
Measles-containing[d]	90	91	92	92	93	-	-	86	85	91	-	-	93	93	94
Hib (3 doses or more)[e]	87	93	93	94	95	-	-	87	90	92	-	-	94	95	96
Hepatitis B (3 doses or more)[f]	40	68	82	85	88	-	-	75	80	87	-	-	83	85	88
Varicella[g]	-	-	15	28	42	-	-	6	17	37	-	-	16	29	43
Black, non-Hispanic															
Combined series (4:3:1:3)[a]	67	70	74	73	73	-	66	70	72	72	-	75	78	80	74
Combined series (4:3:1)[b]	70	72	76	74	74	-	-	73	72	74	-	-	80	78	76
DTP (4 doses or more)[c]	72	74	79	78	77	-	-	75	76	77	-	-	82	80	79
Polio (3 doses or more)	79	84	90	90	88	-	-	88	90	88	-	-	92	91	87
Measles-containing[d]	86	86	89	90	89	-	-	88	88	89	-	-	91	92	90
Hib (3 doses or more)[e]	85	89	90	92	90	-	-	87	92	90	-	-	92	94	90
Hepatitis B (3 doses or more)[f]	29	65	82	83	84	-	-	79	82	86	-	-	86	84	83
Varicella[g]	-	-	9	21	42	-	-	3	16	40	-	-	13	27	44
Hispanic[h]															
Combined series (4:3:1:3)[a]	62	69	71	72	75	-	65	68	71	73	-	72	74	77	79
Combined series (4:3:1)[b]	68	72	73	74	77	-	-	70	72	76	-	-	75	77	80
DTP (4 doses or more)[c]	70	75	77	77	81	-	-	73	75	79	-	-	79	80	83
Polio (3 doses or more)	81	87	89	90	89	-	-	88	89	90	-	-	90	90	90
Measles-containing[d]	88	88	88	88	91	-	-	88	86	91	-	-	89	89	93
Hib (3 doses or more)[e]	84	90	89	90	92	-	-	88	89	92	-	-	90	92	94
Hepatitis B (3 doses or more)[f]	33	69	80	81	86	-	-	79	79	83	-	-	82	84	88
Varicella[g]	-	-	8	22	47	-	-	6	18	44	-	-	11	25	48

- = not available

[a] The 4:3:1:3 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

[b] The 4:3:1 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, and 1 dose of a measles-containing vaccine (MCV).

[c] Diphtheria and tetanus toxoids and pertussis vaccine.

[d] Respondents were asked about measles-containing vaccine, including MMR (measles-mumps-rubella) vaccines.

[e] *Haemophilus influenzae* type b (Hib) vaccine.

[f] The percentage of children 19 to 35 months of age who received 3 doses of hepatitis B vaccine was low in 1994, because universal infant vaccination with a 3-dose series was not recommended until November 1991.

[g] Recommended in July 1996. Administered on or after the first birthday.

[h] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey.

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Table HEALTH4 **Percentage of low-birthweight births by detailed race and Hispanic origin, selected years 1980-98**

Low birthweight (less than 2,500 grams, about 5.5 pounds)

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	6.8	6.8	7.0	7.1	7.1	7.2	7.3	7.3	7.4	7.5	7.6
White, non-Hispanic	5.7	5.6	5.6	5.7	5.7	5.9	6.1	6.2	6.4	6.5	6.6
Black, non-Hispanic	12.7	12.6	13.3	13.6	13.4	13.4	13.3	13.2	13.1	13.1	13.2
Hispanic[a]	6.1	6.2	6.1	6.2	6.1	6.2	6.2	6.3	6.3	6.4	6.4
Mexican American	5.6	5.8	5.5	5.6	5.6	5.8	5.8	5.8	5.9	6.0	6.0
Puerto Rican	9.0	8.7	9.0	9.4	9.2	9.2	9.1	9.4	9.2	9.4	9.7
Cuban	5.6	6.0	5.7	5.6	6.1	6.2	6.3	6.5	6.5	6.8	6.5
Central and South American	5.8	5.7	5.8	5.9	5.8	5.9	6.0	6.2	6.0	6.3	6.5
Other and unknown Hispanic	7.0	6.8	6.9	7.3	7.2	7.5	7.5	7.5	7.7	7.9	7.6
Asian/Pacific Islander	6.7	6.2	6.5	6.5	6.6	6.6	6.8	6.9	7.1	7.2	7.4
Chinese	5.2	5.0	4.7	5.1	5.0	4.9	4.8	5.3	5.0	5.1	5.3
Japanese	6.6	6.2	6.2	5.9	7.0	6.5	6.9	7.3	7.3	6.8	7.5
Filipino	7.4	6.9	7.3	7.3	7.4	7.0	7.8	7.8	7.9	8.3	8.2
Hawaiian and part Hawaiian	7.2	6.5	7.2	6.7	6.9	6.8	7.2	6.8	6.8	7.2	7.2
Other Asian/Pacific Islander	6.8	6.2	6.6	6.7	6.7	6.9	7.1	7.1	7.4	7.5	7.8
American Indian/Alaska Native	6.4	5.9	6.1	6.2	6.2	6.4	6.4	6.6	6.5	6.8	6.8

Very low birthweight (less than 1,500 grams, about 3.25 pounds)

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	1.15	1.21	1.27	1.29	1.29	1.33	1.33	1.35	1.37	1.42	1.45
White, non-Hispanic	0.86	0.90	0.93	0.94	0.94	1.00	1.01	1.04	1.08	1.12	1.15
Black, non-Hispanic	2.46	2.66	2.93	2.97	2.97	2.99	2.99	2.98	3.02	3.05	3.11
Hispanic[a]	0.98	1.01	1.03	1.02	1.04	1.06	1.08	1.11	1.12	1.13	1.15
Mexican American	0.92	0.97	0.92	0.92	0.94	0.97	0.99	1.01	1.01	1.02	1.02
Puerto Rican	1.29	1.30	1.62	1.66	1.70	1.66	1.63	1.79	1.70	1.85	1.86
Cuban	1.02	1.18	1.20	1.15	1.24	1.23	1.31	1.19	1.35	1.36	1.33
Central and South American	0.99	1.01	1.05	1.02	1.02	1.02	1.06	1.13	1.14	1.17	1.23
Other and unknown Hispanic	1.01	0.96	1.09	1.09	1.10	1.23	1.29	1.28	1.48	1.35	1.38
Asian/Pacific Islander	0.92	0.85	0.87	0.85	0.91	0.86	0.93	0.91	0.99	1.05	1.10
Chinese	0.66	0.57	0.51	0.65	0.67	0.63	0.58	0.67	0.64	0.74	0.75
Japanese	0.94	0.84	0.73	0.62	0.85	0.74	0.92	0.87	0.81	0.78	0.84
Filipino	0.99	0.86	1.05	0.97	1.05	0.95	1.19	1.13	1.20	1.29	1.35
Hawaiian and part Hawaiian	1.05	1.03	0.97	1.02	1.02	1.14	1.20	0.94	0.97	1.41	1.53
Other Asian/Pacific Islander	0.96	0.91	0.92	0.87	0.93	0.89	0.93	0.91	1.04	1.07	1.12
American Indian/Alaska Native	0.92	1.01	1.01	1.07	0.95	1.05	1.10	1.10	1.21	1.19	1.24

[a] Persons of Hispanic origin may be of any race.

NOTE: Excludes live births with unknown birthweight. Low-birthweight infants weigh less than 2,500 grams at birth, about 5.5 pounds. Very-low-birthweight infants weigh less than 1,500 grams, about 3.25 pounds.

Trend data for births to Hispanics and non-Hispanic whites and blacks are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and all 50 States and DC from 1993 forward. Trend data for births to Asian/Pacific Islander and Hispanic women are also affected by immigration.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48* (3). Hyattsville, MD: National Center for Health Statistics.

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Table HEALTH5 **Infant mortality rate[a] among selected groups by detailed race and Hispanic origin of mother, selected years 1983-98**

(Infant deaths per 1,000 live births)

Race and Hispanic origin	1983	1984	1985	1986	1987	1988	1989	1990	1991	1995[b]	1996	1997	1998[c]
Total	10.9	10.4	10.4	10.1	9.8	9.6	9.5	8.9	8.6	7.6	7.3	7.2	7.2
White, non-Hispanic	9.2	8.7	8.7	8.4	8.1	8.0	7.8	7.2	7.0	6.3	6.0	6.0	-
Black, non-Hispanic	19.1	18.1	18.3	18.0	17.4	18.1	18.0	16.9	16.6	14.7	14.2	13.7	-
Hispanic[d,e]	9.5	9.3	8.8	8.4	8.2	8.3	8.1	7.5	7.1	6.3	6.1	6.0	-
Mexican American	9.1	8.9	8.5	7.9	8.0	7.9	7.7	7.2	6.9	6.0	5.8	5.8	-
Puerto Rican	12.9	12.9	11.1	11.7	9.9	11.6	11.7	9.9	9.7	8.9	8.6	7.9	-
Cuban	7.5	8.1	8.5	7.5	7.1	7.2	6.2	7.2	5.2	5.3	5.1	5.5	-
Central and South American	8.5	8.3	8.0	7.8	7.8	7.2	7.4	6.8	5.9	5.5	5.0	5.5	-
Other and unknown Hispanic	10.6	9.6	9.5	9.2	8.7	9.1	8.4	8.0	8.2	7.4	7.7	6.2	-
Asian/Pacific Islander	8.3	8.9	7.8	7.8	7.3	6.8	7.4	6.6	5.8	5.3	5.2	5.0	-
Chinese	9.5	7.2	5.8	5.9	6.2	5.5	6.4	4.3	4.6	3.8	3.2	3.1	-
Japanese	**	6.4	6.0	7.2	6.6	7.0	6.0	5.5	4.2	5.3	4.2	5.3	-
Filipino	8.4	8.5	7.7	7.2	6.6	6.9	8.0	6.0	5.1	5.6	5.8	5.8	-
Other Asian/Pacific Islander	8.1	9.4	8.5	8.3	7.6	7.0	7.3	7.4	6.3	5.5	5.7	5.0	-
American Indian/Alaska Native	15.2	13.4	13.1	13.9	13.0	12.7	13.4	13.1	11.3	9.0	10.0	8.7	-

- = not available

** = Number too small to calculate a reliable rate.

[a] Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.

[b] Beginning with data for 1995, rates are on a period basis. Earlier rates are on a cohort basis. Race-specific data for 1995-97 are weighted to account for unmatched records.

[c] Data for 1998 are preliminary, unlinked, and unweighted.

[d] Persons of Hispanic origin may be of any race.

[e] Trend data for Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and 50 and DC from 1993 forward.

NOTE: Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Linked Files of Live Births and Infant Deaths. 1998 data are from the National Vital Statistics System.

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Table HEALTH6.A **Mortality rate for children ages 1 to 4 by age, gender, race, Hispanic origin, and cause of death, selected years 1980-98**

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998*
Ages 1-4											
Total[a]	63.9	51.8	46.8	47.4	43.6	44.8	42.9	40.6	38.3	35.8	34.4
Gender											
Male	72.6	58.5	52.4	52.0	48.0	49.5	47.3	44.8	42.2	39.7	37.5
Female	54.7	44.8	41.0	42.7	39.0	39.9	38.2	36.2	34.3	31.8	31.2
Race and Hispanic origin[b]											
White	57.9	46.6	41.1	41.7	38.1	38.3	36.5	35.1	32.9	31.6	29.9
White, non-Hispanic[c]	-	45.3	37.6	38.7	36.3	36.4	35.1	33.9	32.1	31.1	29.3
Black	97.6	80.7	76.8	79.7	73.2	79.1	77.2	70.3	67.6	59.2	61.4
Hispanic[c,d]	-	46.1	43.5	43.6	41.7	42.0	39.1	36.7	33.6	31.3	30.0
Asian/Pacific Islander	43.2	40.1	38.6	30.4	26.9	30.5	25.3	25.4	25.1	25.1	18.7
Leading causes of death											
Unintentional injuries	25.9	20.2	17.3	17.5	15.9	16.4	15.9	14.5	13.8	13.1	-
Cancer	4.5	3.8	3.5	3.5	3.1	3.3	3.3	3.1	2.7	2.9	-
Birth defects	8.0	5.9	6.1	5.7	5.5	5.1	4.5	4.4	4.1	3.8	-
Homicide	2.5	2.5	2.6	2.8	2.8	2.9	3.0	2.9	2.7	2.4	-
Heart disease	2.6	2.2	1.9	2.2	1.8	1.9	1.8	1.6	1.4	1.4	-
Pneumonia/influenza	2.1	1.6	1.2	1.4	1.2	1.2	1.1	1.0	1.1	1.2	-
Injury-related deaths by cause											
All injuries (intentional and unintentional)	28.9	23.0	19.9	20.5	18.7	19.4	19.0	17.4	16.7	15.5	-
Motor vehicle traffic related	7.4	5.9	5.3	5.0	4.7	4.8	5.0	4.5	4.5	4.3	-
Drowning	5.7	4.4	3.9	3.9	3.5	3.7	3.1	3.5	3.2	3.1	-
Fire and burns	6.1	4.8	4.0	4.3	4.0	4.1	4.2	3.1	3.0	2.5	-
Firearms	0.7	0.7	0.6	0.6	0.7	0.7	0.6	0.6	0.5	0.5	-
Suffocation	1.9	1.4	1.3	1.4	1.3	1.4	1.2	1.3	1.3	1.1	-
Pedestrian (non-traffic)[e]	1.5	1.1	0.9	0.9	0.8	0.8	0.9	0.7	0.8	0.7	-
Fall	0.9	0.6	0.6	0.6	0.4	0.4	0.4	0.3	0.3	0.3	-

- = not available

*Preliminary data.

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

[c] Trend data for Hispanics and white, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States with the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96. The population data in 1990 and 1991 do not exclude New York City. Data for 1998 are preliminary due to incomplete reporting for California.

[d] Persons of Hispanic origin may be of any race.

[e] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in motor vehicle traffic related.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH6.B **Mortality rate for children ages 5 to 14 by age, gender, race, Hispanic origin, and cause of death, selected years 1980-98**

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998*
Ages 5-14											
Total[a]	30.6	26.5	24.0	23.6	22.5	23.4	22.5	22.5	21.7	20.8	19.8
Gender											
Male	36.7	31.8	28.5	28.7	27.2	27.4	26.9	26.7	25.4	24.0	23.0
Female	24.2	21.0	19.3	18.3	17.5	19.1	17.9	18.2	17.8	17.4	16.4
Race and Hispanic origin[b]											
White	29.1	25.0	22.3	22.0	20.6	21.4	20.3	20.6	19.9	18.9	18.2
White, non-Hispanic[c]	-	23.1	21.5	21.3	20.0	20.5	20.1	20.1	19.3	19.0	18.1
Black	39.0	35.5	34.4	34.2	33.7	35.0	34.8	33.4	32.1	31.0	29.0
Hispanic[c,d]	-	19.3	20.0	20.0	21.0	22.6	20.1	20.5	20.3	17.2	17.1
Asian/Pacific Islander	24.2	20.8	16.9	15.1	16.1	17.1	16.3	16.8	14.3	15.6	13.8
Leading causes of death											
Unintentional injuries	15.0	12.6	10.4	10.2	9.3	9.4	9.3	9.3	8.9	8.7	-
Cancer	4.3	3.5	3.1	3.1	3.0	2.9	2.8	2.7	2.7	2.7	-
Birth defects	1.6	1.4	1.5	1.4	1.2	1.3	1.5	1.2	1.2	1.2	-
Homicide	1.2	1.2	1.3	1.5	1.6	1.8	1.2	1.5	1.3	1.2	-
Heart disease	0.9	1.0	0.9	0.8	0.8	0.8	0.9	0.8	0.9	0.8	-
Pneumonia/influenza	0.6	0.4	0.4	0.4	0.3	0.4	0.3	0.3	0.4	0.4	-
Injury-related deaths by cause											
All injuries (intentional and unintentional)	16.7	14.7	12.7	12.4	11.8	12.0	11.8	11.7	11.1	10.7	-
Motor vehicle traffic related	7.5	6.6	5.6	5.4	5.0	5.1	5.2	5.1	4.9	4.8	-
Drowning	2.5	1.8	1.5	1.3	1.2	1.2	1.1	1.3	1.2	1.2	-
Fire and burns	1.5	1.4	1.0	1.1	1.0	0.9	1.0	1.0	0.9	0.8	-
Firearms	1.6	1.8	1.9	2.0	2.1	2.3	2.0	2.0	1.6	1.4	-
Suffocation	0.9	0.9	0.8	0.7	0.8	0.7	0.8	0.8	0.8	0.9	-
Pedestrian (non-traffic)[e]	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	-
Fall	0.3	0.2	0.1	0.2	0.1	0.2	0.2	0.2	0.1	0.2	-

- = not available

*Preliminary data.

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

[c] Trend data for Hispanics and white, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States with the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96. The population data in 1990 and 1991 do not exclude New York City. Data for 1998 are preliminary due to incomplete reporting for California.

[d] Persons of Hispanic origin may be of any race.

[e] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in motor vehicle traffic related.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH7 **Mortality rate among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death, selected years 1980-97**

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997
Total, all races										
All causes	97.9	80.5	87.8	89.0	84.3	86.9	86.8	83.5	78.6	74.8
Injuries	78.1	62.8	71.0	71.6	67.2	69.7	69.5	66.1	62.4	58.5
Motor vehicle traffic	42.3	33.1	32.8	30.9	27.8	28.3	29.0	28.3	28.2	27.0
All firearm	14.7	13.3	23.3	26.4	26.2	27.8	28.2	24.5	21.2	18.8
Firearm homicide	7.0	5.7	13.8	16.4	16.7	17.8	17.7	15.4	13.2	11.6
Firearm suicide	5.4	6.0	7.4	7.4	7.3	7.4	7.8	7.0	6.1	6.0
Males										
White, non-Hispanic										
All causes	-	10.51	108.7	104.1	97.1	98.0	99.0	96.0	92.1	90.1
Injuries	-	86.2	89.9	85.6	78.6	80.2	80.6	77.2	75.1	72.3
Motor vehicle traffic	-	47.6	48.2	44.3	39.0	41.1	41.1	38.5	39.3	37.1
All firearm	-	17.0	21.0	22.1	21.0	21.1	22.3	19.9	16.9	16.3
Firearm homicide	-	3.7	4.0	4.4	4.9	5.0	5.1	4.5	3.6	4.3
Firearm suicide	-	10.5	13.6	14.2	13.1	13.1	13.6	12.6	11.0	10.5
Black, non-Hispanic										
All causes	-	121.1	201.9	235.0	225.6	238.8	239.5	209.3	191.7	169.9
Injuries	-	92.6	174.7	205.5	196.1	209.7	208.3	177.2	163.1	143.6
Motor vehicle traffic	-	16.0	28.8	30.0	26.9	27.3	29.4	29.6	28.4	29.6
All firearm	-	49.2	120.7	145.0	145.7	157.8	156.1	124.9	113.0	93.8
Firearm homicide	-	39.1	105.7	126.5	122.9	134.2	131.3	106.0	95.2	80.6
Firearm suicide	-	4.9	8.6	9.1	12.8	11.7	13.9	10.7	9.5	8.7
Hispanic[a]										
All causes	-	121.3	132.2	143.2	141.9	146.3	145.4	131.6	119.9	107.1
Injuries	-	103.7	116.6	127.0	123.8	127.8	128.8	115.3	102.8	90.6
Motor vehicle traffic	-	42.8	41.0	36.3	32.9	35.0	35.2	33.1	31.2	27.7
All firearm	-	31.2	52.0	66.2	69.6	68.6	71.5	68.5	51.9	45.1
Firearm homicide	-	20.9	40.0	51.9	55.9	54.1	55.2	49.6	40.9	33.2
Firearm suicide	-	6.7	8.6	8.8	9.7	10.9	10.7	9.6	7.2	8.5
Females										
White, non-Hispanic										
All causes	-	46.4	45.5	46.9	43.2	44.2	43.4	44.3	43.1	43.8
Injuries	-	33.7	33.2	34.3	31.4	31.4	31.3	32.3	31.4	31.8
Motor vehicle traffic	-	22.5	23.2	24.0	21.6	21.0	22.3	22.9	22.2	22.5
All firearm	-	3.8	4.0	4.0	3.8	4.2	4.1	3.7	3.5	3.3
Firearm homicide	-	1.1	1.4	1.5	1.8	1.5	1.7	1.7	1.4	1.3
Firearm suicide	-	2.2	2.3	2.2	1.8	2.3	2.1	1.8	1.9	1.9
Black, non-Hispanic										
All causes	-	43.4	54.9	53.5	52.2	54.8	57.7	57.8	54.8	50.5
Injuries	-	20.4	30.7	30.6	29.2	32.0	31.5	33.3	31.7	27.7
Motor vehicle traffic	-	6.1	9.3	8.9	9.4	8.5	10.7	10.9	12.8	10.7
All firearm	-	6.4	12.1	13.0	12.6	16.0	13.7	14.5	12.0	9.6
Firearm homicide	-	4.8	10.3	11.5	10.7	14.4	11.4	12.6	10.2	7.8
Firearm suicide	-	*	*	*	*	*	2.0	1.7	*	1.6
Hispanic[a]										
All causes	-	33.6	35.7	38.9	37.1	38.7	36.7	37.7	35.3	33.7
Injuries	-	20.7	23.0	24.6	23.1	25.3	23.3	24.5	22.1	21.5
Motor vehicle traffic	-	10.7	10.5	11.4	11.9	11.6	12.0	13.0	11.3	12.6
All firearm	-	4.5	6.9	7.6	6.7	8.1	7.5	6.1	4.2	4.7
Firearm homicide	-	*	4.9	5.7	5.5	5.7	5.8	4.8	2.4	3.2
Firearm suicide	-	*	*	*	*	*	*	*	*	*

- = Data not available

* Number too small to calculate a reliable rate.

[a] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

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Table HEALTH8 Adolescent birth rate by age, race, and Hispanic origin, selected years 1980-98

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
All races											
Ages 10-14	1.1	1.2	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.0
Ages 15-17	32.5	31.0	37.5	38.7	37.8	37.8	37.6	36.0	33.8	32.1	30.4
Ages 18-19	82.1	79.6	88.6	94.4	94.5	92.1	91.5	89.1	86.0	83.6	82.0
Ages 15-19	53.0	51.0	59.9	62.1	60.7	59.6	58.9	56.8	54.4	52.3	51.1
White, total											
Ages 10-14	0.6	0.6	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.6
Ages 15-17	25.5	24.4	29.5	30.7	30.1	30.3	30.7	30	28.4	27.1	25.9
Ages 18-19	73.2	70.4	78.0	83.5	83.8	82.1	82.1	81.2	78.4	75.9	74.6
Ages 15-19	45.4	43.3	50.8	52.8	51.8	51.1	51.1	50.1	48.1	46.3	45.4
White, non-Hispanic											
Ages 10-14	0.4	-	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.3
Ages 15-17	22.4	-	23.2	23.6	22.7	22.7	22.8	22.0	20.6	19.4	18.4
Ages 18-19	67.7	-	66.6	70.5	69.8	67.7	67.4	66.1	63.7	61.9	60.6
Ages 15-19	41.2	-	42.5	43.4	41.7	40.7	40.4	39.3	37.6	36.0	35.2
Black, total											
Ages 10-14	4.3	4.5	4.9	4.8	4.7	4.6	4.6	4.2	3.6	3.3	2.9
Ages 15-17	72.5	69.3	82.3	84.1	81.3	79.8	76.3	69.7	64.7	60.8	56.8
Ages 18-19	135.1	132.4	152.9	158.6	157.9	151.9	148.3	137.1	132.5	130.1	126.9
Ages 15-19	97.8	95.4	112.8	115.5	112.4	108.6	104.5	96.1	91.4	88.2	85.4
Black, non-Hispanic											
Ages 10-14	4.6	-	5.0	4.9	4.8	4.7	4.7	4.3	3.8	3.4	3.0
Ages 15-17	77.2	-	84.9	86.7	83.9	82.5	78.6	72.1	66.6	62.6	58.8
Ages 18-19	146.5	-	157.5	163.1	162.9	156.7	152.9	141.9	136.6	134.0	13.9
Ages 15-19	105.1	-	116.2	118.9	116.0	112.2	107.7	99.3	94.2	90.8	88.2
Hispanic[a]											
Ages 10-14	1.7	-	2.4	2.4	2.6	2.7	2.7	2.7	2.6	2.3	2.1
Ages 15-17	52.1	-	65.9	70.6	71.4	71.7	74.0	72.9	69.0	66.3	62.3
Ages 18-19	126.9	-	147.7	158.5	159.7	159.1	158.0	157.9	151.1	144.3	140.1
Ages 15-19	82.2	-	100.3	106.7	107.1	106.8	107.7	106.7	101.8	97.4	93.6
American Indian/Alaska Native											
Ages 10-14	1.9	1.7	1.6	1.6	1.6	1.4	1.9	1.8	1.7	1.7	1.6
Ages 15-17	51.5	47.7	48.5	52.7	53.8	53.7	51.3	47.8	46.4	45.3	44.4
Ages 18-19	129.5	124.1	129.3	134.3	132.6	130.7	130.3	130.7	122.3	117.6	118.4
Ages 15-19	82.2	79.2	81.1	85.0	84.4	83.1	80.8	78.0	73.9	71.8	72.1
Asian/Pacific Islander											
Ages 10-14	0.3	0.4	0.7	0.8	0.7	0.6	0.7	0.7	0.6	0.5	0.4
Ages 15-17	12.0	12.5	16.0	16.1	15.2	16.0	16.1	15.4	14.9	14.3	13.8
Ages 18-19	46.2	40.8	40.2	43.1	43.1	43.3	44.1	43.4	40.4	39.3	38.3
Ages 15-19	26.2	23.8	26.4	27.4	26.6	27.0	27.1	26.1	24.6	23.7	23.1

- = not available

[a] Persons of Hispanic origin may be of any race. Trend data for Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1985-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993. Rates in 1981-88 were not calculated for Hispanics and white, non-Hispanics because estimates for these populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (POP6A). Birth rates for married teenagers have fallen sharply in the 1990s, but relatively few teenagers are married.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., and Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48* (3). Hyattsville, MD: National Center for Health Statistics. Mathews, T.J., Ventura, S.J., Curtin, S.C., and Martin, J.A. (1998). Births of Hispanic origin, 1989-95. *Monthly Vital Statistics Report, 46* (6, Supplement). Hyattsville, MD: National Center for Health Statistics. Taffel, S.M. (1984). Birth and fertility rates for States: United States, 1980. *Vital and Health Statistics, 42* (Series 21). Hyattsville, MD: National Center for Health Statistics.

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Table BEH1 **Cigarette smoking: Percentage of students who reported smoking cigarettes daily in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-99**

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
8th-graders												
Total	–	–	–	7.2	7.0	8.3	8.8	9.3	10.4	9.0	8.8	8.1
Gender												
Male	–	–	–	8.1	6.9	8.8	9.5	9.2	10.5	9.0	8.1	7.4
Female	–	–	–	6.2	7.2	7.8	8.0	9.2	10.1	8.7	9.0	8.4
Race and Hispanic origin[a]												
White	–	–	–	–	7.7	8.8	9.7	10.5	11.7	11.4	10.4	9.7
Black	–	–	–	–	1.4	1.8	2.6	2.8	3.2	3.7	3.8	3.8
Hispanic[b]	–	–	–	–	7.3	7.2	9.0	9.2	8.0	8.1	8.4	8.5
10th-graders												
Total	–	–	–	12.6	12.3	14.2	14.6	16.3	18.3	18.0	15.8	15.9
Gender												
Male	–	–	–	12.4	12.1	13.8	15.2	16.3	18.1	17.2	14.7	15.6
Female	–	–	–	12.5	12.4	14.3	13.7	16.1	18.6	18.5	16.8	15.9
Race and Hispanic origin[a]												
White	–	–	–	–	14.5	15.3	16.5	17.6	20.0	21.4	20.3	19.1
Black	–	–	–	–	2.8	3.1	3.8	4.7	5.1	5.6	5.8	5.3
Hispanic[b]	–	–	–	–	8.4	8.9	8.1	9.9	11.6	10.8	9.4	9.1
12th-graders												
Total	21.3	19.5	19.5	18.5	17.2	19.0	19.4	21.6	22.2	24.6	22.4	23.1
Gender												
Male	18.5	17.8	17.8	18.8	17.2	19.4	20.4	21.7	22.2	24.8	22.7	23.6
Female	23.5	20.6	20.6	17.9	16.7	18.2	18.1	20.8	21.8	23.6	21.5	22.2
Race and Hispanic origin[a]												
White	23.9	20.4	20.4	21.5	20.5	21.4	22.9	23.9	25.4	27.8	28.3	26.9
Black	17.4	9.9	9.9	5.1	4.2	4.1	4.9	6.1	7.0	7.2	7.4	7.7
Hispanic[b]	12.8	11.8	11.8	11.5	12.5	11.8	10.6	11.6	12.9	14.0	13.6	14.0

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1999). *National survey results on drug use from the Monitoring the Future Study, 1975-1998* (NIH Publication No. 99-4660). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study, Monitoring the Future, University of Michigan. Press release of December 17, 1999, and unpublished data from Monitoring the Future, University of Michigan.

Table BEH2 Alcohol use: Percentage of students who reported having five or more drinks in a row in the past 2 weeks by grade, gender, race, and Hispanic origin, selected years 1980-99

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
8th-graders												
Total	-	-	-	12.9	13.4	13.5	14.5	14.5	15.6	14.5	13.7	15.2
Gender												
Male	-	-	-	14.3	13.9	14.8	16.0	15.1	16.5	15.3	14.4	16.4
Female	-	-	-	11.4	12.8	12.3	13.0	13.9	14.5	13.5	12.7	13.9
Race and Hispanic origin[a]												
White	-	-	-	-	12.7	12.6	12.9	13.9	15.1	15.1	14.1	14.3
Black	-	-	-	-	9.6	10.7	11.8	10.8	10.4	10.4	9.0	9.9
Hispanic[b]	-	-	-	-	20.4	21.4	22.3	22.0	21.0	20.7	20.4	20.9
10th-graders												
Total	-	-	-	22.9	21.1	23.0	23.6	24.0	24.8	25.1	24.3	25.6
Gender												
Male	-	-	-	26.4	23.7	26.5	28.5	26.3	27.2	28.6	26.7	29.7
Female	-	-	-	19.5	18.6	19.3	18.7	21.5	22.3	21.7	22.2	21.8
Race and Hispanic origin[a]												
White	-	-	-	-	23.2	23.0	24.5	25.4	26.2	26.9	27.0	27.2
Black	-	-	-	-	15.0	14.8	14.0	13.3	12.2	12.7	12.8	12.7
Hispanic[b]	-	-	-	-	22.9	23.8	24.2	26.8	29.6	27.5	26.3	27.5
12th-graders												
Total	41.2	36.7	32.2	29.8	27.9	27.5	28.2	29.8	30.2	31.3	31.5	30.8
Gender												
Male	52.1	45.3	39.1	37.8	35.6	34.6	37.0	36.9	37.0	37.9	39.2	38.1
Female	30.5	28.2	24.4	21.2	20.3	20.7	20.2	23.0	23.5	24.4	24.0	23.6
Race and Hispanic origin[a]												
White	44.3	41.5	36.6	34.6	32.1	31.3	31.5	32.3	33.4	35.1	36.4	35.7
Black	17.7	15.7	14.4	11.7	11.3	12.6	14.4	14.9	15.3	13.4	12.3	12.3
Hispanic[b]	33.1	31.7	25.6	27.9	31.0	27.2	24.3	26.6	27.1	27.6	28.1	29.3

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1999). *National survey results on drug use from the Monitoring the Future Study, 1975-1998* (NIH Publication No. 99-4660). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study, Monitoring the Future, University of Michigan. Press release of December 17, 1999, and unpublished data from Monitoring the Future, University of Michigan.

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Table BEH3 **Illicit drug use: Percentage of students who have used illicit drugs in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-99**

Characteristic	1980[a]	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
8th-graders												
Total	-	-	-	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1	12.2
Gender												
Male	-	-	-	5.8	6.4	8.7	11.9	12.7	14.6	13.3	11.9	12.6
Female	-	-	-	5.4	7.1	8.1	9.6	11.9	14.1	12.3	11.9	11.7
Race and Hispanic origin[b]												
White	-	-	-	-	5.9	7.1	8.7	18.9	13.2	13.7	12.4	11.3
Black	-	-	-	-	3.8	5.1	7.4	9.1	10.5	10.8	10.2	11.1
Hispanic[c]	-	-	-	-	10.2	12.3	15.7	16.7	16.5	15.9	15.9	17.0
10th-graders												
Total	-	-	-	11.6	11.0	14.0	18.5	20.2	23.2	23.0	21.5	22.1
Gender												
Male	-	-	-	12.1	11.3	15.2	20.5	21.1	24.3	24.8	22.5	23.7
Female	-	-	-	10.8	10.5	12.5	16.1	19.0	21.9	21.0	20.5	20.4
Race and Hispanic origin[b]												
White	-	-	-	-	12.1	13.1	16.4	19.7	22.4	23.8	23.1	22.6
Black	-	-	-	-	5.2	6.1	11.4	15.5	17.0	17.7	16.4	15.8
Hispanic[c]	-	-	-	-	12.7	15.0	18.0	20.6	22.5	24.2	24.2	23.8
12th-graders												
Total	37.2	29.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6	25.9
Gender												
Male	39.6	32.1	18.9	18.4	15.9	20.4	25.5	26.8	27.5	28.7	29.1	28.6
Female	34.3	26.7	15.2	14.1	12.7	15.9	18.3	20.4	21.2	23.2	21.6	22.7
Race and Hispanic origin[b]												
White	38.8	30.2	20.5	18.6	16.8	17.8	21.4	23.8	24.8	26.4	27.5	27.0
Black	28.8	22.9	9.0	7.2	7.3	9.1	14.3	18.3	19.7	20.0	19.4	20.2
Hispanic[c]	33.1	27.2	13.9	14.7	14.6	15.6	18.3	21.4	22.6	23.9	24.1	24.4

- = not available

[a] Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[b] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[c] Persons of Hispanic origin may be of any race.

NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), amphetamines, and nonmedical use of psychotherapeutics.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1999). *National survey results on drug use from the Monitoring the Future Study, 1975-1998* (NIH Publication No. 99-4660). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study, Monitoring the Future, University of Michigan. Press release of December 17, 1999, and unpublished data from Monitoring the Future, University of Michigan.

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Table BEH4.A **Youth victims of serious violent crime: Number and rate of victimizations for youth ages 12 to 17 by age, race, and gender, selected years 1980-98**

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Rate per 1,000 youth ages 12-17											
Total	37.6	34.3	43.2	40.7	38.8	43.8	41.3	28.3	30.3	27.1	24.6
Age											
Ages 12-14	33.4	28.1	41.2	37.8	37.6	38.0	34.5	26.7	24.9	23.5	20.4
Ages 15-17	41.4	40.3	45.2	43.6	40.1	49.9	48.5	30.0	35.8	30.7	28.6
Race											
White	34.1	34.4	37.0	40.1	35.2	40.0	38.0	25.5	27.7	27.6	24.2
Black	60.2	35.2	77.0	48.0	54.3	71.5	63.0	44.5	43.4	30.4	31.0
Other	21.7	28.8	37.3	25.0	48.7	17.6	27.5	23.7	31.2	9.7	11.7
Gender											
Male	54.8	49.8	60.5	60.7	49.8	53.9	51.5	39.0	40.4	33.1	32.2
Female	19.7	18.2	24.9	19.6	27.2	33.1	30.6	17.0	19.7	20.8	16.5
Number of victimizations of youth ages 12-17											
Ages 12-17	877,104	742,815	866,272	825,895	809,118	933,762	905,544	633,301	687,638	622,302	569,935

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Census Bureau's *Current Population Reports*. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table BEH4.B **Serious violent juvenile crime rate: Number and rate of serious crimes involving youth ages 12 to 17, selected years 1980-98**

Characteristic	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Rate per 1,000 youth ages 12-17											
Total	34.9	30.2	39.1	39.9	44.4	51.9	47.0	36.3	35.5	30.7	26.5
Number of serious violent crimes											
Total (in millions)	3.8	3.4	3.5	3.7	4.0	4.2	4.1	3.3	3.3	3.0	2.8
Number involving youth ages 12-17 (in thousands)	812	652	785	811	925	1,108	1,031	812	805	706	616
Percentage involving youth ages 12-17	21.3	19.4	22.4	21.8	23.2	26.4	25.0	24.7	24.7	23.2	22.2
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	60.7	57.9	55.2	56.8	54.5	53.1	53.4	52.9

NOTE: The numerator is the number of violent crimes (aggravated assault, rape, and robbery) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age. The denominator is the number of juveniles in the population. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table ED1

Family reading: Percentage of children ages 3 to 5[a] who were read to every day in the last week by a family member by child and family characteristics, selected years 1993-99

Characteristic	1993	1995	1996	1999
Total	53	58	57	53
Gender				
Male	51	57	56	51
Female	54	59	57	54
Race and Hispanic origin				
White, non-Hispanic	59	65	64	61
Black, non-Hispanic	39	43	44	41
Hispanic[b]	37	38	39	33
Poverty status[c]				
Below poverty	44	48	46	38
At or above poverty	56	62	61	58
Family type				
Two parents	55	61	61	57
One or no parent	46	49	46	42
Mother's highest level of education[d]				
Less than high school graduate	37	40	37	38
High school graduate/GED	48	48	49	44
Vocational/technical or some college	57	64	62	53
College graduate	71	76	77	70
Mother's employment status[d,e]				
Worked 35 hours or more per week	52	55	54	48
Worked less than 35 hours per week	56	63	59	55
Not in labor force	55	60	59	60

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Persons of Hispanic origin may be of any race.

[c] Poverty estimates for 1993 are not comparable to later years because respondents were not asked exact household income.

[d] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

[e] Unemployed mothers are not shown separately but are included in the total.

SOURCE: U. S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table ED2

Early childhood care and education: Percentage of children ages 3 to 5[a] who are enrolled in center-based early childhood care and education programs[b] by child and family characteristics, selected years 1991-99

Characteristic	1991	1993	1995	1996	1999
Total	53	53	55	55	59
Gender					
Male	52	53	55	55	61
Female	53	53	55	55	58
Race and Hispanic origin					
White, non-Hispanic	54	54	57	57	59
Black, non-Hispanic	58	57	60	65	73
Hispanic[c]	39	43	37	39	44
Other	53	51	57	45	66
Poverty status[d]					
Below poverty	44	49	45	44	52
At or above poverty	56	53	59	59	62
Family type					
Two parents	50	52	55	54	59
One or no parent	54	54	56	58	61
Mother's highest level of education[e]					
Less than high school graduate	32	33	35	37	40
High school graduate/GED	46	43	48	49	51
Vocational/technical or some college	60	60	57	58	63
College graduate	72	73	75	73	74
Mother's employment status[e,f]					
Worked 35 hours or more per week	59	61	60	63	64
Worked less than 35 hours per week	58	57	62	64	63
Looking for work	43	48	52	47	55
Not in labor force	45	44	47	43	53

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Center-based programs include day care centers, Head Start programs, preschool, nursery school, prekindergarten, and other early childhood programs.

[c] Persons of Hispanic origin may be of any race.

[d] Poverty estimates for 1991 and 1993 are not comparable to later years because respondents were not asked exact household income.

[e] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

[f] Unemployed mothers are not shown separately but are included in the total.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

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Table ED3.A **Mathematics achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1982-96**

Characteristic	1982	1986	1990	1992	1994	1996
Age 9						
Total	219	222	230	230	231	231
Gender						
Male	217	222	229	231	232	233
Female	221	222	230	228	230	229
Race and Hispanic origin						
White	224	227	235	235	237	237
Black	195	202	208	208	212	212
Hispanic[a]	204	205	214	212	210	215
Age 13						
Total	269	269	270	273	274	274
Gender						
Male	269	270	271	274	276	276
Female	268	268	270	272	273	272
Race and Hispanic origin						
White	274	274	276	279	281	281
Black	240	249	249	250	252	252
Hispanic[a]	252	254	255	259	256	256
Parents' education						
Less than high school	251	252	253	256	255	254
Graduated high school	263	263	263	263	266	267
Some education after high school	275	274	277	278	277	278
Graduated college	282	280	280	283	285	283
Age 17						
Total	299	302	305	307	306	307
Gender						
Male	302	305	306	309	309	310
Female	296	299	303	305	304	305
Race and Hispanic origin						
White	304	308	310	312	312	313
Black	272	279	289	286	286	286
Hispanic[a]	277	283	284	292	291	292
Parents' education						
Less than high school	279	279	285	286	284	281
Graduated high school	293	293	294	298	295	297
Some education after high school	304	305	308	308	305	307
Graduated college	312	314	316	316	318	317

[a] Persons of Hispanic origin may be of any race.

NOTE: Data on parents' level of education are not reliable for 9-year-olds.

The mathematics proficiency scale ranges from 0 to 500:
- Level 150: Simple arithmetic facts
- Level 200: Beginning skills and understandings
- Level 250: Numerical operations and beginning problem solving
- Level 300: Moderately complex procedures and reasoning
- Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1996 Trends in academic progress*.

Table ED3.B Reading achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1980-96

Characteristic	1980	1984	1988	1990	1992	1994	1996
Age 9							
Total	215	211	212	209	211	211	212
Gender							
Male	210	208	208	204	206	207	207
Female	220	214	216	215	215	215	218
Race and Hispanic origin							
White	221	218	218	217	218	218	220
Black	189	186	189	182	185	185	190
Hispanic[a]	190	187	194	189	192	186	194
Age 13							
Total	259	257	258	257	260	258	259
Gender							
Male	254	253	252	251	254	251	253
Female	263	262	263	263	265	266	265
Race and Hispanic origin							
White	264	263	261	262	266	265	267
Black	233	236	243	242	238	234	236
Hispanic[a]	237	240	240	238	239	235	240
Parents' education							
Less than high school	239	240	247	241	239	237	241
Graduated high school	254	253	253	251	252	251	252
Some education after high school	271	268	265	267	270	269	270
Age 17							
Total	286	289	290	290	290	288	287
Gender							
Male	282	284	286	284	284	282	280
Female	289	294	294	297	296	295	294
Race and Hispanic origin							
White	293	295	295	297	297	296	294
Black	243	264	274	267	261	266	265
Hispanic[a]	261	268	271	275	271	263	265
Parents' education							
Less than high school	262	269	267	270	271	268	267
Graduated high school	278	281	282	283	281	276	273
Some education after high school	299	301	300	300	299	299	297

[a] Persons of Hispanic origin may be of any race.

NOTE: Data on parents' level of education are not reliable for 9-year-olds.

The reading proficiency scale has a range from 0 to 500:

- Level 150: Simple, discrete reading tasks
- Level 200: Partial skills and understanding
- Level 250: Interrelates ideas and makes generalizations
- Level 300: Understands complicated information
- Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1996 Trends in academic progress*.

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Table ED4 Percentage of adults ages 18 to 24[a] who have completed high school by race, Hispanic origin, and method of completion, selected years 1980-98

Characteristic	1980	1985	1990	1991	1992	1993	1994[b]	1995[b]	1996[b]	1997[b]	1998[b]
Total[c]											
Total completing high school[d]	84	85	86	85	86	86	86	85	86	86	85
Method of completion											
Diploma	-	-	81	81	81	81	79	78	76	77	75
Equivalent[e]	-	-	4	4	5	5	7	8	10	9	10
White, non-Hispanic											
Total completing high school[d]	88	88	90	89	91	90	91	90	92	91	90
Method of completion											
Diploma	-	-	85	85	86	86	84	83	81	81	80
Equivalent[e]	-	-	5	4	5	5	6	7	11	9	10
Black, non-Hispanic											
Total completing high school[d]	75	81	83	83	82	82	83	85	83	82	81
Method of completion											
Diploma	-	-	78	77	76	76	75	75	73	72	72
Equivalent[e]	-	-	5	5	6	6	8	9	10	10	10
Hispanic[f]											
Total completing high school[d]	57	67	59	57	62	64	62	63	62	67	63
Method of completion											
Diploma	-	-	55	53	57	58	54	54	55	59	52
Equivalent[e]	-	-	4	3	6	6	8	9	7	8	11

-- = not available

[a] For those not currently enrolled in high school or below.

[b] Data for 1994 and subsequent years are not strictly comparable with data for 1980-93, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[c] Percentages are not shown separately for non-Hispanic Asians/Pacific Islanders and American Indians/Alaska Natives, but they are included in the total.

[d] From 1980 to 1991, high school completion was measured as completing 4 years of high school rather than the actual attainment of a high school diploma.

[e] Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) test.

[f] Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, October Current Population Survey (various years). Kwon, J. and Chapman C. (1998). *Dropout rates in the United States: 1998*. Washington, DC: National Center for Education Statistics.

Table ED5 **Youth neither enrolled in school nor working: Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, Hispanic origin, and age, selected years 1984-99**

Characteristic	1984	1985	1990	1991	1992	1993	1994[a]	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]
All youth ages 16-19												
Total	12	11	10	11	10	10	10	9	9	9	8	8
Gender												
Male	9	9	8	9	8	8	8	8	8	8	8	7
Female	14	13	12	13	12	11	11	11	11	10	9	9
Race and Hispanic origin												
White, non-Hispanic	10	9	8	8	8	7	7	7	7	7	6	6
Black, non-Hispanic	19	18	15	17	17	15	14	14	15	14	13	13
Hispanic[b]	18	17	17	16	17	16	16	16	16	14	14	14
Youth ages 16-17												
Total	5	5	5	5	4	4	4	4	4	4	4	4
Gender												
Male	4	5	4	4	3	4	4	4	4	4	4	4
Female	6	6	5	5	5	5	5	5	5	4	4	4
Race and Hispanic origin												
White, non-Hispanic	5	5	4	4	3	3	3	3	3	3	3	3
Black, non-Hispanic	6	6	6	7	6	6	5	6	5	6	5	5
Hispanic[b]	11	10	10	9	9	9	9	9	8	8	8	9
Youth ages 18-19												
Total	18	17	15	16	16	15	15	15	15	14	13	13
Gender												
Male	14	13	12	13	13	13	13	12	13	12	12	11
Female	21	20	18	19	19	17	17	17	17	15	13	14
Race and Hispanic origin												
White, non-Hispanic	14	14	12	13	12	11	11	11	11	10	9	9
Black, non-Hispanic	32	30	23	27	28	25	25	24	25	23	21	21
Hispanic[b]	25	24	24	23	24	23	24	23	23	20	19	20

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

NOTE: The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

Table ED6 **Higher education: Percentage of high school graduates ages 25 to 29 attaining higher degrees by highest degree attained, race, and Hispanic origin, selected years 1980-99**

Characteristic	1980	1985	1990	1991	1992	1993	1994[a]	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]
Bachelor's degree or higher[b]												
Total	26	26	27	27	27	27	27	28	31	32	31	32
Race and Hispanic origin												
White, non-Hispanic	28	27	30	30	30	30	30	31	34	35	35	36
Black, non-Hispanic	15	14	16	13	14	16	16	18	17	16	18	17
Hispanic[c]	13	18	14	16	16	14	13	16	16	18	17	14
Associate's degree												
Total	–	–	–	–	8	9	10	10	10	9	10	10
Race and Hispanic origin												
White, non-Hispanic	–	–	–	–	8	9	10	10	10	9	10	10
Black, non-Hispanic	–	–	–	–	8	6	8	8	8	7	8	10
Hispanic[c]	–	–	–	–	7	8	9	7	8	9	9	9

– = not available

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Prior to 1992, this indicator was measured as completing 4 or more years of college rather than the actual attainment of a bachelor's degree.

[c] Persons of Hispanic origin may be of any race.

NOTE: Analyses of the 1993 Baccalaureate and Beyond Longitudinal study indicated that about 10 percent of all persons attaining a bachelor's degree in that year had previously earned an associate's degree. Source: National Center for Education Statistics.

SOURCE: U.S. Census Bureau, March Current Population Survey. U.S. Department of Education, National Center for Education Statistics, *The Condition of Education, 1999* and tabulations.

Table SPECIAL1 **Percentage of beginning kindergartners with selected knowledge and skills by mother's education, Fall 1998**

Characteristic	Total	Mother's education: Less than high school	High school diploma or equivalent	Some college, including vocational/technical	Bachelor's degree or higher
Reading proficiency[a]					
Letter recognition	66	38	57	69	86
Beginning sounds	29	9	20	30	50
Ending sounds	17	4	11	17	32
Print familiarity[a,b,c]					
0 skills	18	32	23	17	8
1 skill	21	28	23	20	14
2 skills	24	24	24	24	23
3 skills	37	17	30	39	56
Engagement in prosocial behavior[b,d]					
Accept peer ideas					
Never/sometimes	26	31	27	25	24
Often/very often	74	69	73	75	76
Form friendships					
Never/sometimes	23	30	25	22	19
Often/very often	77	70	75	78	81
Comfort others					
Never/sometimes	49	58	50	47	43
Often/very often	51	42	50	53	57
Approaches to learning[b,d]					
Persists at tasks					
Never/sometimes	29	39	30	27	21
Often/very often	71	61	70	73	79
Eager to learn					
Never/sometimes	25	38	28	22	17
Often/very often	75	62	72	78	83
Pays attention					
Never/sometimes	34	45	36	32	25
Often/very often	66	55	64	68	75

[a] Estimates are based on first-time kindergartners who were assessed in English (approximately 19 percent of Asian children and approximately 30 percent of Hispanic children were not assessed).

[b] Percentages may not sum to 100 due to rounding.

[c] Print familiarity skills in this report consist of knowing that print reads left to right, where to go when a line of print ends, and where the story ends.

[d] Estimates based on first-time kindergartners. Frequency of behaviors is based on teachers' reports.

NOTE: The ECLS-K reading assessment domain includes the following five proficiency levels: level 1, recognition of upper and lower case letters of the alphabet; levels 2 and 3, phonological sensitivity at the subword level (e.g., knowledge of letter and sound relationships at the beginning and at the end of words); level 4, ability to read common words; and level 5, comprehension of written text. This table presents information on only the first three levels. For more details, see West, J., Denton, K., and Germino-Hausken, E. (2000). *America's kindergartners: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99, Fall 1998* (NCES 2000-070). Washington, DC: National Center for Education Statistics.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 1998-99.

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Table SPECIAL2 **Percentage of 6th- through 12th-grade students who participated in volunteer activities and their total hours of service participation in regular community service during the current school year by selected student, household, and school characteristics, 1996 and 1999**

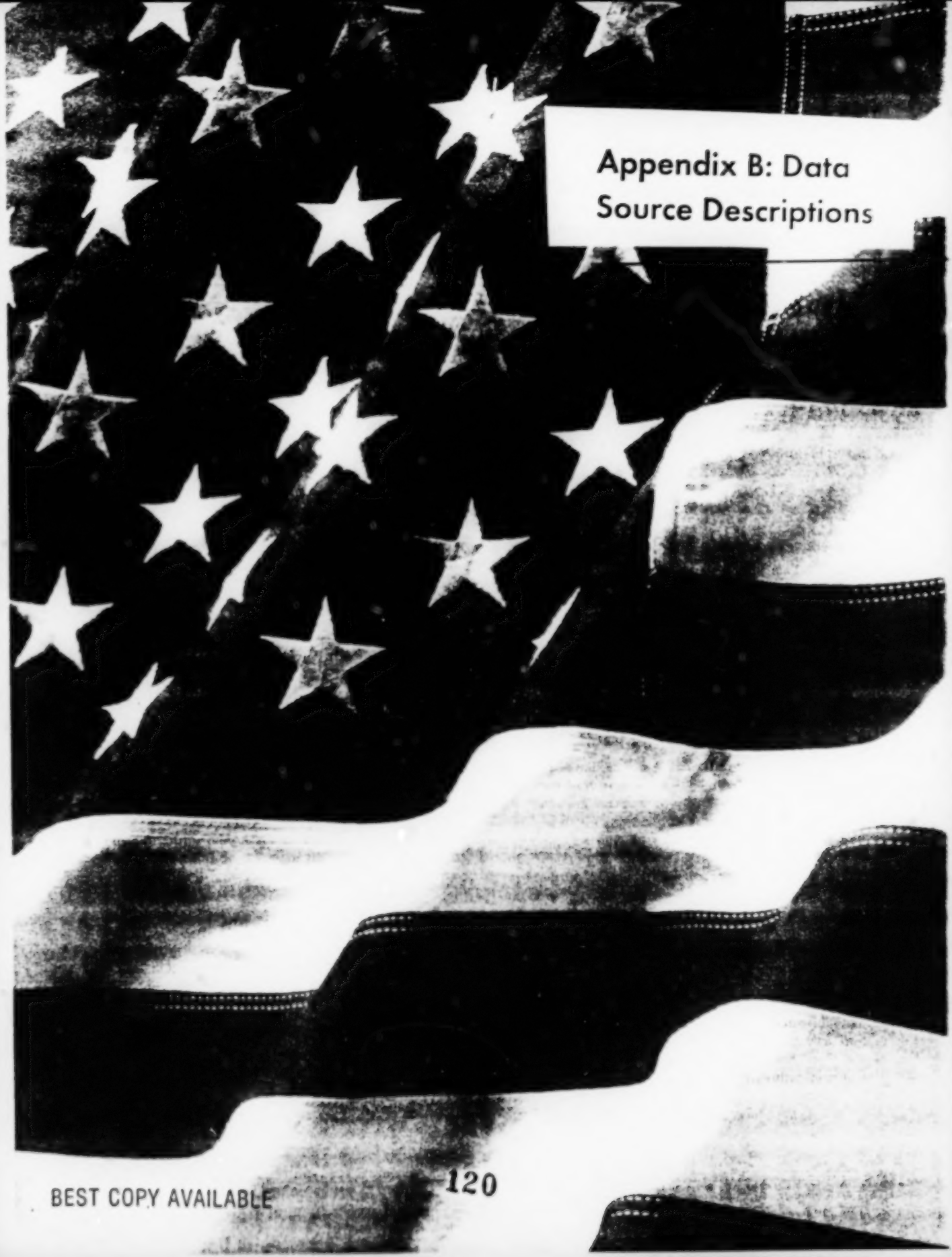
Characteristic	Any participation		Once or twice		Regular service: 10 or fewer hours		Regular service: 11 to 34 hours		Regular service: 35 to 80 hours		Regular service: More than 80 hours	
	1996	1999	1996	1999	1996	1999	1996	1999	1996	1999	1996	1999
Total	49	52	23	24	7	7	8	8	6	7	5	6
Grade												
6 to 8	47	48	24	25	8	8	7	7	4	4	3	3
9 to 12	50	55	23	24	6	6	8	9	7	8	7	8
Gender												
Male	45	47	23	24	7	6	7	7	4	5	5	5
Female	53	57	24	24	7	8	9	9	7	8	6	7
Race and Hispanic origin												
White, non-Hispanic	53	54	25	27	8	8	9	9	6	7	5	6
Black, non-Hispanic	43	47	21	21	5	6	5	8	6	6	6	6
Hispanic[a]	38	39	17	20	6	4	6	6	3	4	6	5
Other race-ethnicity	50	53	23	22	-	10	10	-	7	9	-	-
Language spoken most at home												
English	50	53	24	25	7	7	8	8	6	7	5	6
Other	32	33	17	16	-	-	-	-	-	-	-	-
Parents' highest level of education												
Less than high school graduate	34	37	18	19	-	5	-	4	-	4	-	5
High school graduate/GED	42	45	20	22	6	6	7	6	5	5	5	5
Vocational/technical school or some college	48	50	23	24	7	6	8	9	5	6	5	6
College graduate	58	62	29	28	7	9	7	10	8	8	7	7
Graduate or professional school	64	65	29	29	9	10	11	10	9	9	6	7
School type												
Public, assigned	47	51	23	24	7	7	7	8	5	6	5	5
Public, chosen	50	48	22	21	7	6	9	8	6	6	5	8
Private, church-related	69	72	28	31	9	8	13	13	10	12	8	9
Private, not church-related	57	68	28	29	-	-	-	-	-	-	-	-
School size												
Under 300	48	53	23	27	9	8	9	6	4	6	4	5
300-599	50	50	25	24	7	7	7	8	5	5	5	5
600-999	48	51	21	24	8	7	8	7	5	7	5	5
1,000 or more	49	54	24	24	5	6	7	9	7	8	6	8
School practice												
Requires and arranges service	56	59	27	28	7	7	9	10	7	7	7	8
Arranges service only	52	54	25	25	8	8	8	9	6	7	6	6
Neither requires nor arranges service	30	29	14	13	4	4	5	3	3	3	3	-

- = not available

[a] Persons of Hispanic origin may be of any race.

NOTE: Because of rounding, detail may not add to totals. "Ungraded" and home-schooled students were not included in this analysis.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.



Appendix B: Data Source Descriptions

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Data Source Descriptions

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Aerometric Information Retrieval System

The Aerometric Information Retrieval System (AIRS) is a repository of information about airborne pollution in the United States and various World Health Organization (WHO) member countries. The system is administered by the U.S. Environmental Protection Agency (EPA), Office of Air Quality Planning and Standards (OAQPS), Information Transfer and Program Integration Division (ITPID), located in Research Triangle Park, North Carolina. Data on criteria pollutants consist of air quality measurements collected by sensitive monitoring equipment at thousands of sites across the Nation operated by State and local environmental agencies. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a time interval, usually 1 hour or 24 hours.

Information on the AIRS system is available online at http://www.epa.gov/airs.

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American Housing Survey

This survey provides data necessary for evaluating progress made toward "a decent home and a suitable living environment for every American family," affirmed in 1949 and 1968 legislation. The data come from a Census Bureau nationwide sample survey in odd-numbered years for national, regional, and metropolitan/non-metropolitan data and from surveys in 47 metropolitan statistical areas over a multi-year cycle. These data detail the types, size, conditions, characteristics, housing costs and values, equipment, utilities, and dynamics of the housing inventory; describe the demographic, financial, and mobility characteristics of the occupants; and give as well some information on neighborhood conditions. In 1997, the survey was conducted using Computer-assisted personal interviewing for the first time, and questions on rental assistance and physical problems were also changed. Therefore, 1997 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

Information about the American Housing Survey is available online at http://www.census.gov/hhes/www/ahs.html.

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Continuing Survey of Food Intakes by Individuals

The Continuing Survey of Food Intakes by Individuals (CSFII) is designed to measure what Americans eat and drink. Uses of the survey include monitoring the nutritional adequacy of American diets, measuring the impact of food fortification on nutrient intakes, developing dietary guidance and related programs, estimating exposure of population groups to food contaminants, evaluating the nutritional impact of food assistance programs, and assessing the need for agricultural products. The 1989-91 CSFII sample consisted of individuals residing in households and included oversampling of the low-income population. Individuals were asked to provide 3 consecutive days of dietary data. The 1994-96 CSFII also included individuals living in households and oversampling of the low-income population. In each of the 3 survey years, respondents were asked to provide, through in-person interviews, food intake data on 2 nonconsecutive days, with both days of intake collected by the 24-hour recall method. Intake data were provided for 3,937 children under 18 years of age in 1989-91 and 5,354 children in 1994-96.

For more information on the CSFII 1989-91, see Tippett, K.S., Mickle, S.J., Goldman, J.D., *et al.* (1995). *Food and nutrient intakes by individuals in the United States, 1 day, 1989-91* (NFS Rep. No. 91-2). U.S. Department of Agriculture, Agricultural Research Service.

For more information on the CSFII 1994-96, see Tippett, K.S. and Cypel, Y.S. (Eds.). (1998). *Design and operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994-96* (NFS Rep. No. 96-1). U.S. Department of Agriculture, Agricultural Research Service.

Information about the CSFII is available online at http://www.barc.usda.gov/bhnrc/foodsurvey/home.htm.

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Current Population Survey

Core Survey and Supplements. The Current Population Survey (CPS) is a nationwide survey of about 50,000 households conducted monthly for the Bureau of Labor Statistics by the U.S. Census Bureau. At present, there are 754 CPS sampling areas in the United States, with coverage in every State and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the civilian noninstitutional population, ages 16 and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The March demographic supplement and the October school enrollment supplement provide information used to estimate the status and well-being of children. The March and October supplements have been administered every year since 1947. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older. Data on the highest level of school completed or degree attained are derived from the March supplement to the CPS. The April food security supplement, introduced in 1995, is described in detail below.

In 1994, the CPS questionnnaire was redesigned, and the computer-assisted personal interviewing method was implemented. In addition, the 1990 Census-based population controls, with adjustments for the estimated population undercount, were introduced. For more information regarding the CPS, its sampling structure, and estimation methodology, see U.S. Department of Labor, Bureau of Labor Statisics. Explanatory notes and estimates of error. *Employment and Earnings, 44* (1), 225-242. A more comprehensive description of the CPS that will incorporate the revisions and methodological changes introduced in 1994 is currently in preparation.

Food Security Supplement. The food security supplement is a survey instrument developed through a long and rigorous process. The content of the supplement is based on material reported in prior research on hunger and food insecurity. It was subjected to extensive testing by the U.S. Census Bureau. It reflects the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference convened jointly by the National Center for Health Statistics and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists from the Census Bureau's Center for Survey Methods Research. The survey contains a systematic set of questions validated as measures of severity of food insecurity on both a 12-month and a 30-day basis. Data presented in this report are 12-month data from the CPS food security supplements. The respondents completing the supplement included households at all income levels, both above and below the Federal poverty threshold. Special final supplement sample weights were computed to adjust for the demographic characteristics of supplement non-interviews.

Information about the CPS is available online at http://www.bls.census.gov/CPS/CPSmain.htm.

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Early Childhood Longitudinal Study, Kindergarten Class of 1998-99

The Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K), sponsored by the U.S. Department of Education, National Center for Education Statistics (NCES), began following a nationally representative sample of children as they entered kindergarten in the fall of 1998.

The sample is comprised of approximately 22,000 children who enrolled in about 1,000 kindergarten programs during the 1998-99 school year. The children attended both public and private kindergartens that offered full-day and part-day programs. The sample included children from varying racial/ethnic and socioeconomic backgrounds and included oversamples of Asian children, private kindergartens, and private school kindergartners. This study supports separate estimates of public and private school kindergartners; black, Hispanic, white, and Asian children; and children from different socioeconomic backgrounds.

The current longitudinal design of the ECLS-K consists of data collections in the fall and spring of kindergarten, the fall and spring of first grade, and the spring of third and fifth grade. The design of the ECLS-K is guided by an ecological model of children's development and schooling that emphasizes the interaction between the child and family, the child and school, the family and school, and the family, school, and community. Consequently, the ECLS-K collects information from children, their families, their teachers, and their schools.

The ECLS-K was designed to limit the numbers of children excluded because of a limited English proficiency or a disability. Prior to administration of the cognitive battery, the English language proficiency for language minority children was evaluated. Only 30 percent of Hispanic children and 19 percent of Asian children were excluded from the English cognitive battery. Less than 1 percent of children were excluded due to a disability. The majority of these exclusions were based on instructions in their individualized education plan (IEP).

Information about the ECLS-K is available online at http://nces.ed.gov/ecls/kindergarten/kinder.htm.

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Monitoring the Future

The Monitoring the Future (MTF) Study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 1999 survey is the ninth to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant funded by the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include the selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 1999 survey included 14,056 high school seniors from 143 schools, 13,885 10th-graders from 140 schools, and 17,287 8th-graders from 150 schools (total of 45,228 students from 433 schools).

Information about Monitoring the Future is available online at http://monitoringthefuture.org.

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. To measure long-term trends in educational performance, NAEP has periodically assessed students ages 9, 13, and 17 in reading, mathematics, and science since the early 1970s, and in grades 4, 8, and 11 in writing since 1984. To ensure accurate measurement of trends, items and procedures have remained the same in each assessment. A variation of matrix sampling is used so that the results from a large number of items can be generalized to an entire population. Nationally representative samples of approximately 15,000 students were assessed in each subject in 1996, the last year for which results were available as of this printing.

An estimated 10 percent of the school population is classified as having a disability or limited English proficiency. Nearly half of these students have been included in assessments, although the percentages vary by grade and subject being assessed. In its short-term assessments described below, NAEP is starting to offer accommodations to disabled and limited English proficient students to remove barriers to their participation.

NAEP also conducts assessments in various academic subjects to measure short-term trends for periods of approximately 10 years. Data from many of these assessments are available for participating States as well as the Nation as a whole.

Information about NAEP is available online at http://www.ed.gov/NCES/naep.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. Each year, researchers obtained data from a nationally representative sample of roughly 49,000 households comprising more than 100,000 persons ages 12 and older on the frequency, characteristics, and consequences of criminal victimization in the United States. In recent years, the sample size for the NCVS has been decreased. The sample for the most recent year, 1998, was 43,000 households and 80,000 persons ages 12 and older. The survey fully reports the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents over age 11, women, the elderly, members of various racial groups, city dwellers, and other groups. Victims are also asked whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Information about the NCVS is available online at http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian noninstitutionalized population in which data are collected by personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by an informant. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample includes an oversample of black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and health problems of the U.S. civilian noninstitutionalized population. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1997, the NHIS was redesigned, so some estimates are likely to vary slightly from previous years. Interviewers collected information for the basic questionnaire on 103,477 persons in 1997, including 29,792 children.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Massey, J.T., Moore, T.F., Parsons, V.L., and Tadros, W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital and Health Statistics, 2* (110). Hyattsville, MD: National Center for Health Statistics.

Adams, P.F., Hendershot, G.E., and Marano, M.A. (1999). Current estimates from the National Health Interview Survey, 1996. *Vital and Health Statistics, 10* (200). Hyattsville, MD: National Center for Health Statistics.

Information about the NHIS is available online at http://www.cdc.gov/nchs/nhis.htm.

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National Household Education Survey

The National Household Education Survey (NHES), conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey through telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. In each survey, between 54,000 and 64,000 households are screened to identify persons eligible for one of the topical components. Generally, each collection covers two topical components, and researchers conduct between 5,000 and 25,000 interviews for each component. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than nonminorities in order to increase the reliability of estimates for these groups.

The 1991 NHES contained a component on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3 to 8. They interviewed parents of the children in order to collect information about the children's educational activities and the role of the family in the children's learning. In 1993, NCES fielded a school readiness component in which parents of approximately 11,000 children age 3 through second grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation component, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through third grade. In 1996, NCES fielded a parent and family involvement in education component, interviewing nearly 21,000 parents of children from age 3 through 12th grade. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and also collected data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in grades 6 through 12 in the youth interview, and nearly 7,000 adults.

Information about the NHES is available online at http://www.nces.ed.gov/nhes.

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National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among families with children ages 19 to 35 months. Estimates of vaccine-specific coverage are available for the Nation, States, and 28 urban areas.

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children (19-35 months) are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for non-coverage of households without telephones.

Information about the NIS is available online at http://www.nisabt.org.

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National Linked File of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is first released as a period data file and then later released as a cohort file. In the

birth cohort format, it comprises linked vital records for infants born in a given year who died in that calendar year or the next year before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files avoids discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for white and black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for 1992 through 1994 data years. Match completeness for each of the birth cohort files is about 98 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20* (24). Hyattsville, MD: National Center for Health Statistics.

MacDorman, M.F. and Atkinson, J.O. (1999). Infant mortality statistics from the 1997 period linked birth/infant death data set. *Monthly Vital Statistics Report, 47* (23). Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at http://www.cdc.gov/nchs/about/major/ibid/linked.htm.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all States, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on prenatal care, while funeral directors provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic Origin. The number of States gathering information on births to parents of Hispanic origin has increased gradually since 1980-81, when 22 States included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 States and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. Based on data from the U.S. Census Bureau, 99.6 percent of the U.S. Hispanic population resides in areas that report deaths by Hispanic origin.

Preliminary Data. A continuous receipt of statistical records by NCHS from the States' vital registration systems supplies preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals, and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percentage not stated is generally 1 percent or less, except for prenatal care, which is 2.2 percent.

For more information on national natality and mortality data, see National Center for Health Statistics. Technical Appendix. *Vital Statistics of the United States, I* (Natality) (1992), (DHHS Publication No. (PHS) 96-1100), and II (Mortality), Part A (1996) (DHHS Publication No. (PHS) 96-1101). Washington, DC: Public Health Service.

Information about the National Vital Statistics System is available online at http://www.cdc.gov/nchs/nvss.htm.

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Population Estimates

Decennial Census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (U.S. Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and U.S. Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official Decennial Census figures and do not reflect estimated Decennial Census under-enumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates, because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been repaired for the 1960s, 1970s, and 1980s to correct the "error of closure": the difference between the estimated population at the end of the decade and the Census count for that date. The error of closure at the national level was quite small during the 1960s (379,000). For the 1970s, however, it amounted to almost 5 million. In the 1980s, the error of closure dropped to 1.5 million.

For more information, see U.S. Bureau of the Census. (1992). U.S. population estimates by age, sex, race, and Hispanic origin: 1980-1991. *Current Population Reports* (1095, Series P-25). Washington, DC: U.S. Bureau of the Census.

Information about population estimates is available online at http://www.census.gov/population/www/estimates/popest.html.

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Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2050, based on assumptions about fertility, mortality, and international migration. Low, middle, and high growth assumptions are made for each of these components. The current middle series assumptions are that:

- Each race/ethnic group's fertility will remain constant at 1993-94 levels.
- Each race/ethnic group's mortality will continue to change as it did in the 1980s.
- Each race/ethnic group's net international migration generally will continue at the same levels as that of the past decade.

For more information, see U.S. Bureau of the Census. (1996). *Population projections of the United States by age, sex, race, and Hispanic origin* (1130, Series P25). Washington, DC: U.S. Bureau of the Census.

Information about population projections is available online at http://www.census.gov/population/www/projections/popproj.html.

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Survey of Income and Program Participation

Core Survey and Topical Modules. Implemented by the U.S. Census Bureau since 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2½ years to 4 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics to measure the effectiveness of existing government programs, to estimate future costs and coverage of government programs, and to provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-

sectional, topical modules and longitudinal reports and data files.

In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing method.

Information about the SIPP is available online at http://www.sipp.census.gov/sipp.

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Uniform Crime Reports

The Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR) Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories.

The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized State agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million U.S. inhabitants—95 percent of the total population. The UCR Program provides crime counts for the Nation as a whole, as well as for regions, States, counties, cities, and towns. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States*, issued in the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, gender, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, gender, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides). Other special reports are also available from the UCR Program.

Information about the UCR is available online at http://www.fbi.gov.

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